Lumleian Lectures.

ON

SOME POINTS IN THE RELATION BETWEEN MEDICAL AND LEGAL PRACTICE.

Delivered at the Royal College of Physicians,

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LECTURE II.

In my former lecture we passed in review many points the consideration of which revealed some of the reasons for dissatisfaction with scientific testimony. These were found in the nature of medical science, and in the varying powers of observation and reflection possessed by its experts—conditions which determine the existence of discrepancy in their statements of both facts and opinions. The next point to which I wish to direct attention is the radical difference which is to be found between the tendencies of scientific study and of legal practice. To express this briefly I would say that the tendency of science is to destroy artificial lines, while that of legal practice is to create them. It is not intended that the lawyer is wrong in this endeavour; under the circumstances he is right, and is compelled by the present state of affairs to occupy such position. Yet in the very essentials of its existence it is antagonistic to that of science; although the ultimate object of both the legal and the medical professions is identical—namely, truth.

If we glance for a moment at the scientific development of the present day, we shall, I believe, recognise the truth of the principle I have stated—namely, that its tendency is to break through and destroy artificial lines. The objects of scientific investigation are, to find out, understand, describe, and teach that which is, and is to be; and in order that these objects may be attained, many processes are necessary, and among them that of drawing artificial lines is an important one. The attempt of science is to make these lines as conformable as may be with the facts of nature; but sometimes they have to pass through regions where there are no facts, or are only some of such strange aspect that we know not what to do with them—whether to pass on this side of them or on that, to cut through them or leap over them. For the sake of some general good, some really desirable object, the lines have to be drawn and are drawn; and thus we find ourselves possessed of them in great abundance, and distinguishing by their aid all the varied materials, phenomena, and groups of phenomena, the history of which makes up the sciences of medicine, physiology, botany, zoology, physics, and chemistry. We distinguish by their assistance numerous diseases, to which we have given names; groups of diseases, to which we have applied generic terms; numerous healthy functions, which we can denote; groups of functions, which we call "systems"; different and almost unnumbered species of animals, and also varieties of species; numerous genera, classes, orders, and the like. Plants and animals are thus divided among themselves and from each other. Substances are arranged in groups according to their chemical alliances; and the forces which are believed to modify all material phenomena are also grouped and named, so as to express their predominant and most characteristic features. In all this growth of science, and as a part of its very existence, the process of line-drawing is an essential element; it cannot be got rid of—nay, it is, in one sense, a sign and a measure of the progress that is made. It is impossible for the scientific worker to rise to the very lowest step above the dead level of mere mechanical observation until he has found out some of the lines of nature; nay, it is impossible for him to make a ground-plan upon which any scientific superstructure should be raised until he has discovered them, and appreciated them to such a degree as to sever one class of object from another, one group of conditions from another. He must draw lines at the beginning, and in doing so he must sometimes invent them; he cannot advance without hypotheses, but he must be careful in his mode of using them. So long as their provisional character is duly regarded, they are, or may be useful; but when once they are confounded with natural distinctions they lose their value, and become a hindrance and not an aid. At every stage, on every new platform of scientific work fresh lines are needed, and needed as urgently as before; but they become, with each advance, possessed of an increasing amount of the provisional character, and a decreasing amount of persistent value; at each advance they represent more of human thought, and less of nature's plan.

At different epochs of scientific development these lines—lines of provisional character—have been adopted as those to or against which science must be brought to bear in its legal relationship. It has been agreed that the line shall be here or there, and all the evidence that an expert can give must be brought to that standard, and be tried by that test.

But science is progressive, and such tests must, in proportion to its progress, fail to represent its true position. That which was convenient, because expressive of the truth entertained twenty years ago, may be inconvenient at the present day, simply because it does not express the truth as that is now received; increased knowledge has shown that the lines were incorrectly drawn, and that often where they were supposed to exist there are no traces of them to be found.

If we examine this subject minutely, we find two directions in which scientific progress moves: the one is in that of increasing and more appreciative minuteness of distinction; the other in that of bolder and more satisfying generalisation. Together with an augmented demonstration of difference there is a stronger belief in, or even perception of, unity of plan, and a more extensive proof of uniformity of action. This may be illustrated by reference to pathology, biology, chemistry, and physics. Diseases, for example, that in years gone by were known by one common name are now distinctly separated from each other, and the detail of their differences is elaborated with the greatest care; but, on the other hand, old distinctions are broken down, and groups are formed which contain, side by side, maladies that our forefathers would not have dreamed of placing in the same category. The researches of Dr. Bright, for example, while they separated some "dropsies" from others that looked very like them, have brought together cases of pericarditis, of so-called apoplexy, epilepsy, convulsions, and of dropsy that at one time were supposed to be widely different from each other. Fine distinctions have been established between numerous forms of "acute specific diseases," which differences are valuable in diagnosis, prevention, prognosis, and cure; but, at the same time, that which underlies these varying forms of malady, and is common to them all, is becoming more distinctly seen, and it is doubted by some whether their divergence is so great as it was held to be by its first discoverers, so great as is the agreement between them that now is evident. I do not say which view on this matter is the more correct; the fact of the possibility of such divergence of opinion is all that is necessary to illustrate the proposition I have stated. In the whole range of pathological investigation, wherever there is earnest work, the results of labour are to be seen in these two directions. The discovery of differences is almost always accompanied by the detection of similitudes; and emerging dimly and slowly from the large and obscured field of observation, this general principle seems to grow in magnitude and clearness—viz., that the likeness is greater than the unlikeness—that the differences are often relatively trivial, and of the surface only, while the resemblances are essential and rooted in the very heart of things. I say "relatively" trivial, because observation cannot be too minute provided it be comprehensive; it cannot be too wide provided it be true. The relative value of the results which flow from these two directions of scientific work cannot now be weighed; they have, as it were, a polar character; and every addition to the one class of result opens a path for productive labour at the opposite extreme; each point of difference observed raises higher the importance of a general similitude; each common principle evolved gives augmented value to the fine distinctions recorded in detail of facts. There is no virtue, and but little use, in seeing, on the one hand, differences that are as obvious as the facts, or, on the other, deep-lying agreements that have no surface-change; but there is charm and utility in finding a simple plan beneath complex phenomena, and manifold diversity as the outcome of single truth.

I have said that the tendency of modern science is to show that likeness is greater, and of more importance than unlikeness, and that this relative greatness depends upon the

nature of the two classes of facts that are discovered and of truths that are evolved, inasmuch as in the one we discover that which is simple and essential, in the other that which is complex, and, to our present knowledge, more or less fortuitous. What I have said applies to the very complicated problems of pathology, and it does so, not only on account of their intrinsic character, but because those problems are a complex of more simple sciences, in which the same great tendencies are at work. Although, for example, systematic botany and zoology were never so vast as they are at the present time, and although the differences between the species of plants and animals were never before so minutely examined and detailed, it is likewise true that our notions of both the animal and vegetable kingdoms were never before susceptible of such wide generalisations as those which have been propounded and, in part at least, accepted during the last twenty years. Although the several physical forces—of heat, light, electricity, magnetism, and the like—were never before so fully known or so skilfully applied; never before so distinctly shown in their differences from each other, and in the variety of the uses in which they may severally be employed, it is within the same last few years that their "correlation" has been established, and their common nature been regarded as something much more tangible than a scientific dream. Further, while advancing to a more correct appreciation than was possible in the past of the manner in, and the degree to which physical and vital phenomena differ from each other, old and artificial lines have been broken down, much that was thought to belong to the one category has had to be removed into the other, and together with this process of destruction and tossing to and fro there has been one of rearrangement and construction, and a glimpse has been gained of some point wherein the physical and vital are so closely brought together that we can scarcely affirm they are not one—i. e., one in their essence, though widely separated in their results and modes of action. The process of differentiation may be carried so far that it defeats itself, by bringing us into contact with that which is common to many diverse structures. As examination, starting from widely different points, is prosecuted with ever-increasing delicacy and minuteness, the tendency is towards the convergence of its lines of progress: we unravel separate organs and tissues so completely—we trace them to such fine division and subdivision—that at last we scarcely know with which we are dealing; even muscle, nerve, and vessel seem to merge into each other, and we find ourselves lodged amongst fibres, nuclei, and cells. Again, in the very exact science of chemistry, where differentiation has been carried to its extreme, and has become, in one sense, the measure of its progress, there are hints, and more than hints, of a generalisation far wider than any that has yet received scientific proof. It is even doubted whether our notions of an "elementary" body may not yet be somewhat rudely shaken, and whether some of the guesses of past centuries may not become established facts in the science of the future.

From all these considerations, it is obvious that science is in a transition stage, and that its existence is one of growth and of change. Science is dead when it does not grow, and its growth must remove old lines. It should not do so carelessly; it cannot progress unless it effects this carefully; but even in its most cautious advances it must sometimes come into collision with established human law, and sometimes appear at variance with itself in legal practice. Herein lies one radical difference between the scientific and the legal process, and from this difference arises much of the unnecessary obloquy that is thrown on the testimony of experts. The law-court is the exponent of that which was agreed upon in times gone by. The scientific witness knows that the terms of that agreement were not always true. They may have represented the knowlege of the past, but they fail to express the science of the present. The lawyer is governed by a precedent that may be wrong; the expert witness is directed by facts that he knows to be true. The one says the line between innocence and guilt, between sanity and insanity, lies here; the other that the line lies yonder, or does not exist at all. The one asks a question which he is bound to ask; the other makes a statement which is not an answer. The one brings everything up to an artificial line which it may have been convenient to draw; but the other refuses to maintain a distinction which does not exist in fact. The blame of this does not lie upon the individual on either side; each may fully act up to his own sense of duty as to the requirements of the case. But the lawyer has to regard the evidence from his point of view, and the scientific witness has to furnish evidence from his. The tendency of the one is to make good and enforce the line; that of the other to destroy it, or place it somewhere else.

As the immediate and necessary result of this position, it follows that, in medico-legal inquiries, the issue that is raised is oftentimes the wrong one. The real point of dispute may be this: Is such a person fit to manage his affairs? is he to be entrusted with his family, his money, or himself?—and common sense, sometimes the very commonest of common sense, might answer these questions with perfect satisfaction. But no! the issue raised is as to sanity or insanity of mind; and to settle this point a number of technicalities must be involved and certain tests must be submitted to. The attempt is made to draw such a line between sanity and insanity of mind that it shall be applicable to all instances,—that it should be thrown down, as it were, upon society, and that everyone should take his place, or have his place given him, on the one side of it or on the other. Now the tendency of science is to show that this is an impossibility; but, inasmuch as something must be done, it has been determined that certain tests should be enforced; and hence it often happens that a particular case is tried upon a wrong issue. This is easy of illustration. It is not enough, for example, with regard to certain individuals, that eccentricities are extreme, ludicrous, or injurious; that self-indulgence is carried to the ruination point; that whims are followed with a diligence and ruthlessness that at last cripple the powers for their prosecution; that drunkenness is habitual, but yet only decently cruel and destructive; that chronic bad temper and wrongheadedness are breaking hearts, beggaring families, and destroying homes; that the man is fanciful, extravagant, absurd and mischievous, a plague to himself and a nuisance to all about him; it is not enough that his friends say he is "crazy," and that doctors say he is "morbid;" that no reasonable being can think he is a reasonable man; it is not enough that his ignorance and incapacity are equalled only by his self-conceit; and that common sense says such a one is a madman or a fool, or both combined: he does not come up to the legal tests of insanity, and so he goes on his way. If only he were happily under the harmless impression that his legs were made of sealing-wax he might be put under restraint, and a thousand ills might be prevented or redressed. But it is urged, "he has no delusion," and therefore must be left at large. It is often admitted that many a man is mad who has no delusion; and, on the other hand, that many labour under delusions who are by no means insane. And in using these terms in this manner I do not mean to play upon them, or to convert them into puns. The term "madness" does not always mean the same thing; neither does "delusion:" the former is sometimes the verdict of common sense, and sometimes the expression of a scientific diagnosis; the latter is sometimes the short way of saying that an individual does not agree with our crotchets, and sometimes the scientific description of a symptom of disease. If, however, we look a little more deeply into this question, it is possible that we may see that the lines between these classes of meaning are artificial, and that by regard to these lines we have missed the chances of appreciating what insanity really is. What is this insanity of mind? Is there a "mens sana in corpore sano" with which we can contrast it? Is it not essentially a departure from an ideal type, which no man reaches? Is there anyone so justly balanced in all his mental, moral, and social qualities, that both self and others are always regarded duly—that ideas and impressions, wishes and judgments, duties and actions, fancies and conduct, facts and notions, all hold their right proportions and produce their legitimate effects? Are there not manifold differences in the ideas that we—sane men—hold of what is right, true, and good? And yet are there not common-sense notions about these things that enable us to say in one case that we simply do not agree with this man, in a second that we feel sure another is wrong, that a third is eccentric, that a fourth is an idiot or a fool, that a fifth is wrong-headed and perverse, that a sixth is enthusiastically absurd, and that others must be and are "downright mad"? Can we draw the line, the true line, between the states of mind that by common consent we might thus readily designate? If we regard a man as sane, it is because he, in the main, agrees, not with ourselves only, but with those around us; because we believe that, being placed in ordinary circumstances, he would be impressed, would think, feel, and act according to that general but unwritten law which is expressed in the conduct of society. If we regard a man as insane, it is because he departs from that which, by common consent, we hold to be right, true, and advantageous; and that his departure depends upon neither ignorance nor mere force of circumstances, but upon something wrong in himself: that he is in reality "diseased." It is in pointing out the distinction between permissible varia-

tions within the range of health and those departures from the common order of life which are inconsistent with the idea of mental health that the physician finds his work. In a vast number of cases his special knowledge may render much assistance: he may estimate more correctly than others the force of circumstances, of hereditary taint, and of constitutional proclivity, the value of general appearance, of facial expression, of tone, speech, and gesture; he may detect traces of bodily disease which would escape the notice of shrewd but not expert observers; he may frame some notion of the future of certain forms of peculiar mental aberration. But, in many cases, he can demonstrate no bodily ailment. His medical knowledge cannot aid him to advance one step beyond that of the non-medical observer. He may say that a man is insane; but he does so on the grounds of common sense, and not by reason of any special insight conferred upon him by his professional training. He is in such circumstances acting simply as a member—an authoritative member it may be—of society at large; and the patient whom his friends described as "mad" is pronounced by the physician to be "insane." His data are the same as theirs; his meaning is identical with theirs: he does but form part of a community, which, on the grounds of common sense, determines the question of sanity or insanity of mind. This is the court to which the appeal is made; and its decisions are based upon the principles I have stated. There is no straight line of distinction applicable to all cases which it is possible for the physician to draw between sanity and insanity of mind; and there is no broad line of distinction to be found between the principles upon which society declares that some men are mad and those which guide the physician in his diagnosis of insanity.

The physician may feel convinced that a man is both mentally and bodily diseased, but yet he may hesitate to sign a certificate of insanity. He may know that such a one is not capable—by reason of this disease—of exercising due restraint upon himself; but yet he has no power to enforce the control which he knows is needed. In his own mind there is a line drawn on the outside of which he must place such patient; but it is not the line which will receive the support of law. The issue raised by the facts of the actual case is not that to which that case must be brought for trial.

If we examine still further into what is meant by a "delusion," we shall arrive, I believe, at a similar result. Much that has been said already bears upon this point; for what, it may be asked, is a "delusion"? If it be a belief in that which is not true, how many of us are not insane? In regard of many complex questions, who is to decide what is the truth? Some delusions are so obvious in their character as such that it requires no special skill for their appreciation; others shift about in such debateable ground that even special skill can afford no aid in their analysis. If a man believes that he is Julius Cæsar, there are few who would waste words with him in disputation of the point; but if he believes that he is so great a sinner that he must be lost, some might think this to be the rousing within him of a better life. If a man believes that the great officers of State have conspired to persecute him, his friends may regard his notion as the delusion of an unsound mind; but if he thinks that his relations have done so, there may be some elements of truth in his assertion—elements which he cannot adduce, but which yet were sufficient really, although not apparently to others, to remove his ideas from the category of insane delusions. If a man thinks there is a veritable cotton mill inside his liver there can be little doubt as to his state of mind; but if he believes that his wife is or has been unfaithful to him, there may have been a hundred things which he cannot convey, even to his dearest friend, that may give some colour to his thought. No one can describe to others—no sane man would try to do so—all that was brought to his mind or heart by a glance, an indifference, a shrug of the shoulders, a tone of voice, or a significant silence, and yet these may have been very real and full of meaning, and the notions based on them, although perhaps not true, have so much likeness to the truth that they should not be regarded as delusions. The value of a delusion passes, therefore, from the greatest to the least, and is in direct proportion to the power which is possessed for an appreciation of its real character. It may be such as to be recognised at once as the product and sign of a disordered brain; it may be, on the other hand, merely a wrong conclusion from suspicious-looking facts. In the application of this test the medical practitioner uses his ordinary abilities, and needs no special skill: where others are certain he may be certain also; where others are in doubt he too must hold opinion in abeyance.

Again, in the question of responsibility for conduct or for crime, the wrong issue is sometimes raised. It has been laid down that if a man know the consequences of his conduct, and the difference between right and wrong, he must be held legally responsible for crime; but yet it often happens that lunatics are well informed upon these points, and that sane men are not; that the lunatic is a clever casuist, and the sane man only an indifferent one.

There are two very distinct elements involved in these general propositions about right and wrong, and they have not been always separated as carefully as they ought to have been. The sense of a difference between right and wrong in the general or the abstract is one of the characteristics of human mental constitution. It may differ in intensity, in keenness, and in force of influence upon conduct. It, however, exists as an essential part of our nature, and in some form or another is present in the most degraded of our species; but the application of this sense to particular acts is as variable as are the conditions of human life, and is the product of all kinds of influences—the climatic, hereditary, educational, and social. If the sense of right and wrong be destroyed, the individual is less than man; if the sense exist, but its application be erroneous, the individual may be insane, but he may be simply ignorant or prejudiced. Not many years ago good Christians thought it right to burn heretics; and even after the fires of Smithfield were extinguished, unlucky witches have been legally consumed. It was often the strength of conviction on this question of right and wrong which led to what we should now regard as outrages upon humanity. It is a part of our nature to recognise the distinction in the abstract; it is not a part of our nature to determine its particular applications. Lunatics are sometimes tormented with excessive keenness of conscience, and are overburdened with the sense of their responsibility; while, it must be admitted, sane men do exist who are not troubled in either of these particulars. The sense is not necessarily absent in the lunatic; its presence is not a proof of sanity. It may, however, be granted that if, as sometimes happens, the sense itself be lost, the individual so deprived and damaged is of unsound mind. A gentleman of my acquaintance once tried to kill his wife at breakfast-time, and told her afterwards that he had intended, and still intended, to carry out his purpose. He knew, he told me, that it was horribly wicked, but still that he should do it, and should be punished for it both here and hereafter. He could not, or would not, give any reason for his conduct, and talked with perfect sanity upon other matters. According to some tests he would have been responsible for his crime if he had not been prevented from committing it. Some weeks afterwards he informed me, while leaning over a billiard-table, cue in hand, that he was "the Holy Trinity." There could, I think, be no doubt as to his insanity of mind, nor any as to his deliverance from the great burden of "responsibility."

Most commonly, the cases in which this question of responsibility is raised are those in which a perversion, and not a destruction, of the sense is alleged to exist; the individual thinks some particular thing to be right which society has for the time being determined to be wrong. Now to the interpretation of such cases all that has been said with regard to mental delusions may be seen to apply. It is not the mere fact of difference from the many that warrants the assertion of insanity; it is the kind and degree of departure. The moral sense may remain, but there is intellectual perversion as to the mode of its exercise; and this perversion may be of such kind as to be at once repudiated by the sane, or it may be of such sort as to graduate into mere eccentricity or prejudice. If a man thinks it right to kill his aged father, his infant, or himself, we treat him at once as a dangerous lunatic, and are right in doing so, although the banks of the Ganges may have shown that other societies have regarded even these acts from a different point of view. But a man may pursue a course which the world calls "mad," which is against all reason and all common sense; may destroy his children, beset himself, and bring down the grey hairs of his father with sorrow to the grave: and yet there is no power to stay him. If he should suddenly do that which we say is wrong, we treat him as he ought to be treated; if he does the same thing slowly, we let him alone. The essential difference between the two mental conditions is, I think, less than has been supposed: each betrays a departure from moral and mental health; and it is not easy to apply a scientific test which shall distinguish them. It may be said that the one is motiveless, or that the homicidal deed is attempted in obedience to some delusion, some subjective voice which prompts, some impulse which determines it; and we readily concur in saying that such a one is insane. But with regard to the

other, may we not often search in vain for motive?—nay, may we not discover that every motive which should guide a sane man is in the opposite direction? Do we not, if any motive can be found, agree in regarding it as wrong, and as based upon some mere chimera which no sane man would follow? And are there not voices and impulses that direct him: those of intense and even morbid egotism, now emerging in self-indulgence or self-denial, and again in self-will or vanity, which pass the bounds of reason or of right? Where, I ask, is the scientific test that we can apply? Is it to be reduced to mere chronicity? An important condition, I well know; but one which cannot be made the distinguishing point between insanity and sanity. Time has much to do—much more than it is commonly supposed to have to do—with the complexion of vital results. It may be such as to influence opinion in the detection of insanity; but it is not enough of itself to constitute the test. A man cannot work for sixteen months and then sleep for eight; but he may manage for years to labour and rest during an exactly proportionate number of hours. The proportion is the same. But we are constructed with definite relationships to time; and among the influential conditions of life this of time is, perhaps, one of the most imperious. We know that conception, birth, dentition, puberty, adult life, decay, and death bear relations to time that we may compute with approximative accuracy for the individual, and with certitude and minuteness to three places of decimals for the mass; and I would not for one moment underrate the diagnostic or prognostic value of a consideration of time. But what I feel is this, that it—time—is the *only* difference that we can detect between the symptoms of many a man now at large, and many a man now in our lunatic asylums. The issue raised legally is a technical one as to what constitutes or characterises "insanity of mind:" the burden upon friends and upon society is the individual, and the question as to his fitness to take care of himself and of others, of their property and his own.

What I am anxious to show is that the tests that are applied are, in many cases, quite inadequate; and that some serious and searching revision of them is most urgently needed. Society suffers from the errors of the past, and its present wrongs cannot be redressed by the slow growth of legal precedent. The cases that are fairly dealt with are in a small minority, the majority consists of those which are not dealt with at all; and it behoves us, as members of a learned and honourable profession, to grapple with this evil, and meet this difficulty. It behoves us to do something that shall be more effective than the mere acquiescence in established customs can be; for such acquiescence is marked by action in cases which require little or no medical knowledge, and by inaction in those which most urgently demand it. The medical profession is called upon to show that the tests to which it is submitted are unsatisfactory; that its decisive action is limited to circumstances in which it is not really needed; that it is unable to treat many very urgent cases as they ought to be treated; and that this is because artificial lines have been created, and wrong issues have been raised.

There are numerous illustrations of a similar fault, to some of which I will make allusion. Infanticide is one of these, and rape another, with regard to each of which it often happens that the scientific witness has his evidence used for other ends than those of justice. With regard to infanticide, for example, I would ask what has the fact of respiration to do with the guilt of the accused? What is meant by dependent and independent life? All the vital, the nutritive effects of respiration are carried on in utero, and there is no essential difference as to the fact of life by the mere change from one mode of living to another. There may be some social advantage in certain circumstances in creating a test of some kind; there may be some superstitious, some religious or rather irreligious and pagan mode of thought upon this question; fanaticism may draw a line at the period of birth between one individual and two. But science cannot affirm that there have not been two lives, two individual lives, before; it cannot say that at this epoch, that of air-breathing, there was the commencement of a new life in the world. It was a new life long before, and had a history that might be foreseen, and that with a clearness and precision that can only be envied in after years; and if such life have been tampered with or roughly handled, it matters nothing, *quoad* its existence, whether the lungs had been expanded or had remained in their fœtal state. The physical condition of the child may be altered, but the moral condition of the mother is not changed. Our law will not allow a pregnant woman, "quick with child," to be hung; it recognises the value of a life in utero, and both science and humanity agree in supporting its instructions on this point. Where, then, is the ground for the line that has been drawn at birth? Something is said about dependent and independent life; but where is and what is the independence? The human infant, just born, is as dependent as it was before; if left to itself it dies; it has no power of its own to keep itself alive; it cannot, like the newly-hatched partridge, pick up its food, and it needs even more urgently a supply of warmth. So far as dependence is concerned, the difference between the two conditions of the child is simply this, that before birth, as it could be in but one uterus at a time, it was necessarily connected with and dependent upon its own mother; whereas after birth it might be sustained by some one else, who performs the mother's function. Before birth the mother could not without risk of injury to herself tamper with the life of her child; because she can do so afterwards, does that lessen her responsibility? There is something monstrous in the idea. Grant it that in the pains of labour, exaggerated by shame, a woman may accidentally do that from which all her noble, all her, even lowest, animal instincts would shrink in horror, and allow that these considerations should have full weight in determining the category under which her crime be placed, what, I ask, has the question of whether the lungs have or have not been expanded to do with the point at issue? Has she not recognised the individuality of her child, and the difference between its life and her own, during long weeks and months before the pangs of labour seize her? And has not this consciousness furnished the ground of her terror and her shame? It may have happened, but is scarcely possible, that any sane woman should bring her child to its birth and should be ignorant of her condition. The facts of the whole animal creation disprove such notion, and it is only something less than humanity that would deal lightly with a crime which tramples, not only upon instinctive kindness, but upon the widest-spread and holiest impulses of our race. Yet with such moral questions it is not my purpose to deal. They are but part of a large social inquiry which has been lately undertaken with great ability. The point to which I wish to direct attention is the utter irrelevance of the issue often raised—namely, the viability or non-viability of the child. It has no scientific bearing upon the alleged cases of infanticide.

With regard to certain conditions of succession to property, it appears to me that the test of air-breathing is perhaps as valuable a test as could be employed; but here the question is very different. It is necessary in the present state of law that it should be settled in some definite manner whether an heir did or did not exist, and therefore a line must be drawn somewhere between an ovum and an heir; but it would be difficult to find any points through which such line could be drawn so satisfactorily, because so susceptible of verification, as those of live birth tested by inflation of the lungs. The line is artificial, be it remembered, scientifically, as to the existence of life; it may be artificial in its moral bearings; but it is useful practically, and for this reason, that it is more difficult and more dangerous to draw the line elsewhere. Here there may be an absence of true science, but the presence of just law. The line may be scientifically baseless, but socially valuable. The medical witness has not to say whether the issue raised is perfectly justifiable in its widest relations; but he can assert that, supposing it to be so, the fact of air-breathing is the most useful, because the most definite and most widely applicable test.

The difference between its application in the one class of cases and in the other is too obvious to require any further comment. In a question of succession it may be all-important, because it is the most reliable test; in a question of infanticide it has little or nothing to do with the point at issue.

The history of medico-legal investigation in regard of criminal assaults and of rape furnishes further illustration of the mode in which a wrong issue is sometimes raised. All the moral guilt of the accused, and all the moral and even physical effects upon the accuser, may exist without there being evidence of either "penetration" or of violence. On these points the medical witness may state facts which, on the one hand, by their presence do not prove guilt, and which by their absence do not disprove it. The line drawn is artificial, and the point raised is not the right one.

The three illustrations I have given are sufficient to show some of the difficulties under which the expert witness has to act. He may be as careful as he ought to be in his observations, and as sound as he can be in his opinions based upon them; but his evidence is brought up to a line which is often artificial and wrong, and is tried in relation to an issue which may be legally correct, but which is without any corresponding

counterpart in science. Nay, further, it sometimes happens that the very fineness of observation and correctness of scientific induction from facts may be used, and must be used, for the purposes, not of justice and of truth, but for those of injustice and of crime.

ON A CASE OF SPASMODIC STRICTURE OF MANY YEARS' DURATION.

BY CAMPBELL DE MORGAN, F.R.S.,
SURGEON TO THE MIDDLESEX HOSPITAL.

THE frequency and the duration of spasmodic stricture are still amongst the unsettled points of surgery. Some foreign surgeons deny altogether the existence of true spasmodic stricture. In England the doctrines of Hunter and Home have taken too deep root to permit of such scepticism. But we find that the extent to which spasm may be regarded as a cause of obstruction to the stream of urine is very differently estimated by those who fully recognise its existence. The following quotation from Mr. Henry Thompson's article on diseases of the urinary organs in the "System of Surgery" gives the opinion of a surgeon of great experience, and represents the views of perhaps the majority:—

"It is extremely rare that any considerable narrowing of the urethra takes place as the result of pure spasm of the muscles surrounding the passage. Granted, however, the presence of organic narrowing, or of inflammation in the canal, and an undue action of the urethral muscles may be excited, so as still further to narrow it. There is no doubt that a slight degree of this action may be excited in any part of the passage. ..... But it is important to remember that the distinguishing feature which marks the phenomena thus ascribed to irregular muscular contraction, and by which they are contrasted with those of organic stricture, is their transitory character."

In the correctness of the first part of this quotation most will agree, but I doubt whether the second can be received absolutely and without some reservation. Generally, no doubt, the state of spasmodic stricture is very variable, but it is not always so. One sees cases now and then, in which all the signs of a narrow stricture are present, which yield readily to the contact of a bougie, and return rapidly when its use is discontinued, but where after death the appearances of permanent stricture are too insignificant to account for the condition during life. Admitting that a trifling organic contraction is present, the symptoms must surely be attributed to a permanent spasmodic state of the urethra, or to what comes practically to the same thing, a spasmodic contraction occurring whenever the patient endeavours to pass water.

The following case is, I think, a remarkable illustration of the possibility of the occurrence of true permanent spasmodic stricture. The patient—himself a surgeon—gives so circumstantial an account of his symptoms that no doubt can exist as to the fact that he had for years all the signs of permanent organic stricture; the result would show that he had probably never had organic stricture at all.

This gentleman, a surgeon-major in the army, is now fifty years of age. He first noticed the symptoms of stricture as long ago as 1847, after an attack of gonorrhœa, during which the spasmodic difficulty in passing water was so great, and the pain attending the effort so severe, that he always had recourse to the hot hip-bath. When the gonorrhœa had passed off he found that the stream of water was smaller and spiral, and that a few drops of urine always remained in the urethra. He tried himself to pass a bougie, but it seems always used a small one, and failed to reach the bladder. From this time the stream very gradually but steadily diminished, and passed irregularly, sometimes to one side, sometimes to another. He did not, however, care to have advice, as the complaint did not cause him much annoyance.

While on duty in Burmah in 1852 he noticed that there was a constantly recurring gleety discharge, and he had at this time a swelled testicle.

On returning to England in 1859 the stream was about the size of a crow-quill, and it took a considerable time to empty the bladder. He now began to suffer much inconvenience. Exposure, especially to night air, caused very frequent micturition, with pain in the lower part of the abdomen and loins. If he resisted the urgent desire to pass water great irritation of the rectum came on. From this time he was never free from these symptoms. The time taken in passing water became more and more protracted. The stream was sometimes thready, never larger than a crow-quill; sometimes the water has come in drops only. Lately he has suffered from pain in the perineum, muco-purulent discharge and irritation at the orifice of the urethra. The discomfort from pain, irritation, and frequent micturition became so great that he determined to undergo regular treatment. He placed himself under my care fully prepared to undergo any operation, by splitting, or perineal section, so long as he could be quite cured.

The account he gave was so positive and circumstantial that I did not doubt for a moment that there must be some organic stricture. The perineum had a natural feel, but there was tenderness in the scrotal part of the urethra.

Instead of at first passing a full-sized instrument as I always do, I introduced a No. 6 catheter. On passing it through the scrotal region he complained of soreness, but there was no obstruction. At about the beginning of the membranous part the further passage was stopped. There was not any particular pain at this part, and the resistance was not firm. Smaller and smaller instruments were tried, but none would pass this point. Satisfied that there must be some spasmodic contraction, but at the same time believing that there was organic stricture, I ordered a large dose of bromide of potassium to be taken overnight and on the morning of my next visit. I then found that he had had a quieter night, but the instrument would not pass. A third attempt some days afterwards was made, under the same circumstances and with the same result.

I found that there was always tenderness in the scrotal region; and, desirous of ascertaining whether the urethra was narrowed at this part, I now for the first time tried a full-sized catheter (No. 11). There was no obstruction, and I passed it down to the seat of stricture. On making a very slight pressure the obstruction gave way, and the instrument passed into the bladder without the slightest difficulty. The next time he passed water it came away in a full stream; after that it diminished a little, but there was no further difficulty. I passed a No. 11 for him without meeting with any obstruction two or three times afterwards, and sent him home perfectly well, with instructions to use a large catheter if ever he found a tendency to diminution of the stream.

There can be no doubt, I think, that we have here an instance of long-protracted spasmodic stricture, never disappearing, indeed scarcely varying, during some years. It cannot be imagined that an organic stricture of over ten years' standing would at once yield to the gentle pressure of a No. 11 catheter and give no further trouble, when it had resisted the attempts to pass smaller instruments. It is possible that the irritable point in the scrotal part of the urethra may have had to do with the more distant spasm. It is possible that, whatever the source of irritation, the bromide of potassium may have quieted it. This is, however, all conjectural; but there can be no doubt as to the spasmodic nature of the obstruction. The case may be exceptional in point of duration, but it is not the less instructive.

Upper Seymour-street, April, 1867.

ON

CASES OF INJURY FROM RAILWAY ACCIDENTS;

THEIR INFLUENCE UPON THE NERVOUS SYSTEM, AND RESULTS.

BY THOMAS BUZZARD, M.D. LOND.

(*Continued from p. 391.*)

IF we were able, in the case of persons injured in a railway accident, to fix upon and isolate the exact source of damage, a physiological arrangement of such cases would doubtless be the most instructive. It would be well, for example, if we could class together persons suffering from the results of a blow on a certain part of the head or of the spine, of a general concussion, or of fright, and trace out the after-progress of such cases. But practically we can very seldom do this. In a great number of instances the patient cannot say how or where he was hurt. He may show bruises indicating blows,

and at the same time describe symptoms rather referable to the effects of general concussion or shock. Or he may believe that he has received a severe blow, and yet no trace of such an injury may be perceptible.* It is therefore because the sources of injury are usually mixed, and cannot be separated, that I think it best to group cases according to a clinical rather than a physiological classification. The following will be the arrangement adopted as far as it is practicable :—

Class A.—In which serious symptoms of organic lesion have speedily supervened, and caused a fatal termination.

B.—In which some improvement has taken place, but the patient has remained for years after the accident incapacitated from following his occupation.

C.—In which lapse of time has produced sufficient improvement to allow of the patient resuming his ordinary occupation, but uneasy sensations are still experienced from time to time.

D.—In which the case has eventuated in perfect recovery.

E.—In which, at a more or less remote period, epilepsy, paralysis, or insanity has occurred.

F.—Incomplete cases.

G.—Various cases bearing indirectly upon the inquiry.

This arrangement will include occasional comparison of the results of ordinary accidents from falls, blows, &c., with those due to railway collisions. One great advantage of such comparison consists in the fact that in such cases motives for exaggeration or deception are usually absent.

Class A.—In which serious symptoms of organic lesion have speedily supervened, and caused a fatal termination.

In the greater number of cases which might be included in this class the injuries received, crushes, fractures, &c., do not present features distinguishing them especially from the effects of ordinary accidents, and we need not therefore dwell upon them. The few instances to be recorded have each something of special interest to mark them.

1. (*Communicated by* Drs. BOLTON and BARCLAY, of Leicester.)—A lady, aged twenty-seven, in perfectly good health, and engaged to be married, was travelling by rail on Aug. 30th, 1865, from Birkenhead to Leicester. A collision happened, and she was thrown forwards and then backwards against the side of the carriage. She was stunned, and lay on the bank for some time. She was sent on with a friend *vid* Derby, and arrived at Leicester at half-past two A.M. of Aug. 31st, fifteen hours after the accident. She seemed dazed, but managed to walk from the station to her home, about 400 yards. She then went up to the third story, sank upon the floor, and had to be lifted into bed; vomited, said her head was very bad, and she only wanted to sleep. In the evening Dr. Bolton found her greatly excited, wanting to get up, incoherent in talk, complaining that she saw the engine coming in at the window, and laughing hysterically. During the three following days she continued generally incoherent and violent, alarming her friends, and wishing to leave her room in her chemise. In an interval of quiet she sat up in bed, and wrote in pencil to her lover. The manuscript was shaky, and the sentences incoherent and detached, forming a great contrast to letters she had written a few days before the accident. On Sept. 4th Dr. Barclay saw her. She had a few flesh bruises. She looked very haggard; her head hot and tossing about; her eyes set in dark rings; forehead flushed. Her talk was still of the engine coming in at the window, and she laughed in an excited way. Pulse 116. Her eyeballs were painful, and she was somewhat deaf in the right ear. There was no pain on pressing over the mastoids or any part of the cranium. Pupils somewhat dilated, but contracting under light. The following day she was a little more rational, but still reverted to the appearance of the engine. It was noted that she rapidly emaciated. The pupils acted, but she did not give clear replies about her vision. In the evening she was wandering and excitable. There was a good deal of tympanitis. On Sept. 6th there was subsultus. Still incoherent and violent. Wants to get out of bed, and calls out with a loud shriek. Slight sordes about the mouth. Morphia was ordered, and a blister to the neck. She improved a little after this, but on Sept. 10th she was again worse. Deaf now in the *left* ear. On the 11th there was slight dilatation of the right pupil, and a small ulcer on the left cornea. Pulse 128. On the 13th she passed urine involuntarily, and was delirious. The right parotid gland was swollen, apparently from the irritation of the blister. She sank lower and lower daily, becoming comatose on the 18th. On the 19th her body was covered with sudamina, unusually well marked. On the 22nd the gland at the angle of the right jaw discharged pus into the ear. She gradually sank, and died on the 27th, twenty-nine days after the accident.

Autopsy, ten hours after death.—Weather hot. Body already quite putrescent, pale, emaciated, and presenting bed-sores on sacrum and calves of legs. Blistered surface ulcerated. A spot of ecchymosis on the scalp just over the occipital protuberance; the bone itself dry and ecchymosed under this. This was believed to be a bed-sore. The head was opened first. The skull-cap was rather thin. Considerable amount of blood in the veins. Nothing noticeable on the internal surface of the occipital bone. There was a slight lymphy deposit over the surface of both hemispheres, but no thickening at the base of the brain. No fracture of the skull or lesion of the brain perceptible. The abscess was found discharging into the ear entirely external to the cranial cavity. The cervical vertebræ were minutely examined, and no trace of fracture or injury was found about them.

Dr. Bolton writes: "In the opinion of myself, Dr. Barclay, Mr. Oliver Pemberton (who saw her three times, and was present at the examination), and Dr. Marriott endorsing my views, this young lady sank, not from direct surgical shock, limited by the expression 'concussion' of brain or cord, but from a general shake of the nervous system, associated with fright."

From the intellectual disturbance during life, and the slight lymphy deposit over the surface of the hemispheres (the only characteristic post-mortem appearance), one would be disposed to think that the grey substance of the convolutions, together with the pia mater and visceral layer of arachnoid, had been involved in inflammation of a peculiar character. The existing paralysis, moreover, was confined to parts supplied by cranial nerves—e. g., the deafness and inequality of pupils; whilst the impairment of nutrition indicated by the ulcer on the cornea would point to lesion of the fifth. The symptoms on the whole tend to show surface rather than deep-seated mischief—such injury, indeed, as, in a more chronic form, it is probable occasionally leads to insanity. The following case, related to me by Mr. Firth, of Rotherhithe, is an instance of a moral cause determining a very similar train of symptoms of less acute character.

2. A waterman, aged fifty, was crossing the Thames in his boat, when he was run down by a steamer. He was immersed in the water, but not otherwise injured. Mr. Firth saw him a fortnight afterwards, when he was walking about, but soon had to keep his bed. His face was pinched, with a constant expression of anxiety and alarm. His nights were sleepless, and he would often scream out that he was being run down by the steamer. He had no appetite, vomited his food, and wasted. His pulse was feeble; surface of body, at first cold, became afterwards unduly hot. He continued to get worse during the next two months, and is now a confirmed lunatic in an asylum.

(*To be continued.*)

* The amount of damage which may be occasioned without leaving external mark is well illustrated by a case mentioned to me by Dr. Inman, of Liverpool. Two persons walking along a railway line were struck by an engine moving at the rate of six miles an hour, and instantly killed. On examination, it was found that, though their flesh and bones were smashed, the skin was almost unbroken.

PAPERS ON SKIN DISEASES.

By TILBURY FOX, M.D., M.R.C.P.,
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No. II.

THE INFLUENCE OF FLANNEL AND SCRATCHING; MEDICINAL RASHES.

WE are wont to say, "Familiarity breeds contempt." In no case is the truth of the precept better illustrated than in the therapeutics of skin disease. Oftentimes the simplest and most commonplace agencies, harmless in health, become active in the intensification of diseased conditions. This is the case with the *wearing of flannel* next the skin. We scarcely need more than a reminder of the fact that some skins are so irritable in health as to be excited to an unbearable degree by the use of flannel, to see that whenever there is a tendency to exaltation of the sensibility of the skin, this may not only be heightened by the flannel, but the flannel may also give rise to decided physical alteration. In a very large number of cases of skin disease pruritus is intensified and the disease even protracted in this way, and in proportion to the degree of uncleanliness. Flannel acts mechanically by augmenting, or rather conserving, the

local heat, and intensifying reflex action. *Practical rule:* When you have a congestive state of skin, or any disposition to neurosis, take off the flannel, and place it, if necessary, outside the linen;—this will prevent any "catching cold." The diseases in which this is advisable are, chiefly—erythemata, roseola, urticaria, certainly syphilodermata in their early stages, scabies, and prurigo. A remembrance of this little practical point will sometimes give us the greatest cause to be thankful that we attended to it, trifling though it be.

Scratching plays an important part in the modification of skin diseases, most of which are accompanied by itching; to relieve which, scratching is the natural topical application. What does it do?

1. When there is no eruption, it may produce one. For example, in pruritus, it gives rise to excoriations, an artificial eczema, general enlargement and turgescence of the follicles of the skin, with, perhaps, abrasion of the cuticle over and above them; wheals in a nettle-rash subject; ecthymatous pustules in the ill-conditioned. Of course in all these cases there is a basis to go upon—a tendency to the several diseases produced. Scratch a healthy person, and the local injury is soon remedied.

2. It augments and modifies existing eruptions. See in eczema how it inflames it, and increases the discharge and subsequent crusting; in lichen, the thickening of the derma. In scabies it gives rise to the peculiar "scratched lines" so characteristic of the disease, and many of the ecthymatous pustules; in prurigo, the peculiar ecchymosed apices of the papules, and helps out the coarse urtication.

3. When the disease is *non-contagious*, secretion, if present, may be transferred, and when acrid sets up local inflammation; and when *contagious*, scratching is the surest method of inoculation, as in the case of the contagious impetigo or porrigo. Children in this way transplant the disease from the head to various other parts of the body. Mothers, beyond a doubt, get it about their hands from children. As an instance of the effect of scratching, I may mention the case of a gentleman I have recently seen in consultation who has tried every remedy and doctor on the continent, taken the baths at Aix, and been treated by a large number of medical men in London for prurigo. He has taken drugs in any amount, and about sixty prescriptions were handed to me for my inspection. In this case, which was of three years' duration, the itching was cruel, the whole skin reddened, thickened, dense, hot, and exceedingly appreciable of change; whilst almost every conceivable application had been used. My impression as to the influence of scratching turned out to be correct; and, by dint of perseverance, the patient avoided this source of irritation, and is now practically well. In this case, in which the least scratching was followed by general reflex irritation, the teachings of sound reasoning in league with clinical reminiscences put to shame that empiricism which is the curse of cutaneous medicine.

Medicinal rashes are important to remember. Hardy has especially noticed an eruption produced by the inunction of *mercurial* ointment. It is an erythema upon which vesicles form, and pour out a thinnish, clear fluid. The vesicles are quickly broken, the contents desiccate, and the redness remains for a week or ten days. It is clearly a local disease, and not a true eczema.

The *nitrate of silver* discoloration needs no further comment than this, that the silver seems to be deposited elsewhere than on the skin—the lining membrane of some vessels, it is thought.

Arsenic is said to give rise to eczema. I have never seen this, but a lichen well developed about the face, neck, arms, and hands; and erythema of the palms of the hands, with violent fever, are sometimes produced. I am positive it can give rise to double vision by disturbing in some way the accommodation of the two eyes. It can also induce erythema, especially of the face, and a puffiness about the eyes,—I mean in small doses, and during its early exhibition; and it has happened to me to see the very best results in these cases from the perseverance in its use, notwithstanding these occurrences, provided there are no gastric symptoms. I have seen herpes zoster come on during its exhibition, and some think that it may give rise to this disease. I am not disposed to believe in any direct influence, but that out of the changes that its use induces a condition may be brought about favourable to the occurrence of zoster.

Iodine produces erythema of the face sometimes, and local inflammation of course.

The friction of *croton oil* into the skin not unusually gives rise to an erythema of the face. I have been in the habit of using this topically and extensively for certain forms of dyspepsia, and I have often seen this erythema of the face symmetrical, lasting for a few days, with distinct heat, and this where there could have been no direct application of the remedy to the face.

Bromide of potassium may give rise to erythema and swelling of the nose; at least in one case this appeared to be its constant action, and, in the experience of those who have given the drug largely, an ecthymatous eruption; but this is probably due to its "lowering" or "liquefying" action, as in the case of *iodide of potassium*, which may induce purpura in a predisposed subject, and of course the erythema and other symptoms of iodism.

Belladonna produces a rash of rosy hue, fever, and a dry throat, with, of course, dilated pupils.

Copaiba, a rash well described by Judd in his work: a rosy erythema, of "pumiceous" aspect, as though the skin had been bitten by insects.

Arnica may produce erythema and swelling of the part to which it is applied.

Sulphur, in some cases, gives rise to a dry, red, dirty aspect of skin, with an attempt at the formation of vesicles, perhaps an artificial eczema, and subsequent pityriasis, accompanied by much itching; mistaken for the continuance or increase of the original diseases, mostly scabies, and demanding the most soothing treatment. The last case I saw was that of a gentleman who had had scabies; he was ordered a series of sulphur baths, which set up an artificial eczema, and ecthyma from the scratching, that rapidly got well (sooner than usual in these cases, for the sulphur impregnates the system) by demulcent baths and soothing unguents. Sulphur baths should be used with gentleness, and I think the old-fashioned villanous compound sulphur ointment less vigorously, for I feel sure that it is often continued long after the original scabies is cured, upon which the secondary effects, erroneously regarded as the thing to treat, depend. I have seen grievous errors committed from a want of attention to the facts I have pointed out.

Sackville-street, March, 1867.

ON

SCROFULOUS DISEASES OF THE EXTERNAL LYMPHATIC GLANDS,

AND THEIR TREATMENT BY IODINE AND OTHER LOCAL STIMULANTS.

By THOMAS BALMAN, M.D.

(*Concluded from page* 417.)

Treatment.—I shall confine myself chiefly to the local and surgical treatment of scrofulous affections of the external lymphatic glands; not as being always the most important feature in the management of these cases, but mainly because it seems to have been very much neglected in recent monographs and other works specially devoted to the consideration of this subject. Mr. B. Phillips, for instance, who has given us the most complete description of all that is known respecting the etiology of scrofula, scarcely alludes to the local treatment of the disease; and Dr. Glover has entered so fully into the chemistry of the subject as to have almost left it unnoticed, and the only clue which we have of his views is to be gathered from a few short cases contained in the appendix of his work.

Glandular swellings are met with under a great variety of circumstances. The patient may, for example, present the fine, delicate, soft, white skin, the tumid upper lip, the crimson hue of cheek, the pearly, glistening, and suffused conjunctiva bedewed with a limpid tear, and the languid, listless, and enfeebled gait so familiar to us in persons possessing the well-marked lymphatic temperament; or all those external pathognomonic signs of the strumous constitution may be for the most part wanting, and we have then probably nothing but the type of an apparently sound and healthy constitution; or there may be evidence of syphilis, which in a small proportion of cases we have seen to be an occasional exciting cause of external scrofula. A disease therefore occurring under so many and varied aspects must necessarily require very different modes of treatment, both locally and generally. If, for example, the tumour appears for the first time after an attack of primary syphilis, and involves the lymphatic glands situated along the upper two-thirds of the posterior border of the sterno-

cleido-mastoid muscle, or those beneath the occiput, even though no other evidence of constitutional syphilis exist, the iodide of potassium and sarsaparilla will be the appropriate remedy.*

We have already mentioned that hypertrophy of the lymphatic glands is of no infrequent occurrence in children whose parents or collateral relatives have suffered from phthisis or any other developed manifestation of tubercle. They are generally attributed to cold, damp, or exposure to currents of air whilst sitting in a close or overheated room, and very frequently at school. They seldom exhibit signs of acute inflammatory disturbance, which is rarely observed in scrofulous subjects; they may, however, in irritable persons, be sometimes tender to the touch, and cause a slight feeling of stiffness and discomfort to the little patient; the colour of the skin is unchanged, and the disease is very often confined to a single lymphatic gland, and in the majority of cases situated near the angle of the lower jaw. The treatment of such cases is very simple: confinement to the house for a few days, occasional fomentations if painful, and a lotion containing two drachms of the iodide of potassium, half an ounce of spirit, and four ounces of camphor mixture; subsequently, the internal administration of cod-liver oil and steel for a few weeks, will generally succeed in causing both the dispersion of the tumour and the renovation of the general health.

From neglect, feeble health, or other causes, however, such swellings may assume a subacute condition; and, in place of subsiding, may go on slowly, and perhaps imperceptibly, increasing both in size and consistence, or they may manifest this peculiarity from the first. They then constitute the great majority of those cases of strumous glands which are so frequently presented to our notice in the out-patients' wards of our numerous charitable institutions. In a case of this kind I usually proceed thus:—If the swelling is recent, I begin with the iodine lotion already named, or this may be replaced by the diluted tincture of the Pharmacopœia—one part to three of water. Pledgets of lint, soaked in either of these lotions, are to be continuously applied to the tumour; and, in order to retain the moisture, they should be covered with a piece of gutta-percha sheeting or oiled silk. If the tumour be of longer duration, firm to the touch, or has implicated the surrounding textures, I pencil the surface lightly two or three times with the solid nitrate of silver, or with a solution of iodine.† The former is the least irritating to the skin, and is, therefore, in many cases, the best to start with. This application is repeated at intervals of five or six days. All bandages, woollen wrappers, and other such articles of dress with which the patient is usually smothered, are removed, and the parts freely exposed; and, if within a convenient distance of the sea-coast, the tumour may be also advantageously bathed with sea-water every morning.

This procedure will produce in all probability one of two results: either a gradual diminution in the size of the swelling, or suppuration. In the event of the latter happening, the abscess should be opened at once—of course in the most dependent and favourable position. The parts surrounding the incision are then to be immediately painted circumferentially with the iodine solution. The application should extend as far as the limits of the tumour. The effect of this treatment is to cause the rapid collapse and effectual emptying of the sac of the abscess, and, within a very short period probably, adhesion and closure of its cavity. The punctured wound, which may be covered with a piece of tow or charpie, very often heals without the slightest disfigurement, and we are enabled, if necessary, to continue our applications. Abscesses which, if allowed to ulcerate, would continue many weeks, and perhaps months, may by this treatment be sometimes obliterated in a few days.

Injections of iodine, zinc, and other astringent lotions, as proposed and extolled by Lugol, Tyler Smith, and others, have never succeeded, in my hands, in producing any corresponding results. And the almost universal practice of poulticing in order to accelerate the formation and discharge of matter has long appeared to me still more objectionable; and I confess that I was some time ago surprised to find such an accomplished pathologist and excellent surgeon as Mr. Paget recommending this antiquated and, I truly believe, mischievous practice in the treatment of these complaints. (See "Notes of Practice," &c., *Med. Times and Gaz.*, Jan. 1858.) However useful poultices and moist applications generally may be in acute phlegmonous inflammation of the lymphatic glands, in deep-seated or painful abscesses, or in a variety of other cases which it is scarcely necessary to name, I am satisfied that when continued for any length of time in strumous, suppurating, and other sores, whether involving the absorbent glands or other textures of the body, poultices tend to relax tissue, impair the tonicity of the capillary bloodvessels, sustain the discharge, and facilitate the spread of the suppurative process, and not unfrequently lay the foundation of sinuses and of those horrible bridge-like marks which so often disfigure the victims of this disease.*

The benefit of local stimulation by iodine is not simply limited to scrofulous abscesses. During the last two years I have been in the habit, both at the Dispensary for Diseases of the Skin and in my own private practice, of using it freely in a variety of other cases: in chronic affections of the joints, inflamed breasts, boils, carbuncles, old cicatrices, œdema, and in the slighter forms of erysipelatous inflammation of the skin. In carbuncle the effect is sometimes most striking; the pain and irritation are almost immediately relieved, and the slough is rapidly thrown off. Ganglions, when situated about the wrist, may be got rid of by the same means. They should be first punctured with a fine needle, and a slight amount of pressure continued for a few weeks afterwards.

I at first thought that the local use of iodine in the way described was novel; but I have recently discovered that Mr. Davies, in a work written five-and-twenty years ago, has recommended the external application of the simple tincture in some of the cases I have mentioned. His book, which I regard as a very valuable contribution to medical literature, should be read by all who are desirous of knowing the full therapeutic influence of this important remedy.† A series of cases was afterwards published in THE LANCET, by Dr. Langon, in support of Mr. Davies's views, and are well worth perusal.‡

A question of some importance will here naturally present itself. How, it will be asked, does local stimulation, either by iodine or nitrate of silver, subdue inflammatory action, lessen the swelling, pain, and irritation, and accelerate the cure, in such cases? The pathology of inflammation, as revealed by the microscope, explains in some measure, I think, how it does so. The phenomena of inflammation we know to consist primarily and essentially of enlargement or dilatation of the bloodvessels and capillaries of the part affected; accumulation, crowding together, and final arrest of the blood-corpuscles, and their subsequent adhesion, both to themselves and to the coats of the vessels; effusion of the liquor sanguinis into the cellular and adjacent structures, causing the swelling, œdema, heat, pain, and redness which are known to characterise inflamed textures. We have to deal, then, with impeded action, diminished contractile power in the coats of the capillary bloodvessels, and consequent inability of the arteries to grasp and push forward that vital stream upon the healthy and continuous movement of which the whole fabric is sustained. Iodine and nitrate of silver, so much extolled by Mr. Higginbottom, and perhaps any other local stimulant, seems to restore this impaired vital contractility of the bloodvessels, hurries on these struggling and pent-up globules to complete their labyrinthine journey in the general torrent of the circulation. The local stimulating action of these substances must further tend to quicken the action of the absorbents, and thus materially assist in the removal of the effused products.

M. Prieux, of Paris, has lately recommended, in a memoir§ addressed to the Academy, the local application of metallic iodine for the dispersion of indurated lymphatic glands. Thin lamine of iodine are enclosed in a layer of wadding, when they are rapidly vaporised under the influence of heat. The iodine ought to be spread as uniformly as possible over the half to a third or a quarter of the thickness of the wadding, which should be covered or fringed with a leaf of gelatine, the cir-

* Ricord speaks of engorgement of the lymphatic glands, and especially those situated upon the lateral and posterior portions of the neck, as one of the earliest and most characteristic symptoms of constitutional syphilis; and Bousseau found it in 90 per cent. of all the cases of syphilitic erythema which came under his observation. It occurs, if at all, within a year after contagion, seldom or never suppurates, and is rarely seen in persons who contract syphilis after forty years of age. (Ricord: Leçons sur la Chancre, 2nd edition.)

† This solution is made by rubbing down in a glass mortar as much metallic iodine as the ordinary tincture will dissolve. It is about twice the strength of the Pharmacopœia tincture. The iodide of ammonium is also a good local stimulant in some cases, and has the advantage (from its being colourless) of not staining the skin.

* Dr. Richardson, in his lectures recently delivered at the College of Physicians, I am glad to see, entirely concurs with me in believing that there is a great abuse in the use of poultices among surgeons in the present day.

† John Davies: Selections in Pathology and Surgery. Longman and Co., 1839.

‡ Richard Langon: On the Special Application of the Tincture of Iodine; with Cases, &c. THE LANCET, vol. ii. 1839-40, and vol. ii. 1842-43, p. 699.

§ Brit. and For. Med.-Chir. Rev., Jan. 1865.

cumference of which adheres to the skin, and concentrates the iodine vapours to a determined point. The apparatus is left in its place for from twenty-four to forty-eight hours, and the result is a phlyctenula filled with a thick, purulent, or bloody serosity. I have tried this application several times, with varying results. Iodine used in this way seems to permeate the tissues, and sometimes disperses the glandular induration rapidly; but my objection to the process is, that it leaves a deep-red discoloration of the skin, which is with difficulty removed, and, from its otherwise powerful action, requires to be used with caution. Dr. Wynn Williams recommends iodine in solution, both in scrofulous diseases of bone and in tuberculous deposits generally. Dr. Williams thinks that it is absorbed, and enters into chemical combination with the tubercular deposit and causes the absorption of tubercle in all its varieties and stages.*

As regards the general treatment of scrofula I may remark that the disorder appears to me to be one of debility and defective nutrition, not so much dependent upon the primary digestive processes as upon that more remote and complex stage of it in which the effete and used-up particles of the body are removed, and new materials are appropriated from the blood to take their place. It is, if I may so call it, in the building up of the structures of the body that the main and essential fault lies. All writers agree that the red particles of the blood are diminished in quantity, and the serous or fluid parts of it correspondingly increased, without the fibrin undergoing any very perceptible change. The blood, therefore, seems somewhat analogous to the condition of this fluid observed in chlorosis and other anæmic diseases, with this difference, that the red corpuscles never descend so low in any form of tuberculosis as in the former case; and further, that the proportion of albumen is always much greater in tubercular affections. This deficiency of one of the most important constituents of the blood is to be restored by iron, which in some form or other is almost always indicated. The iodide, perhaps, is the best, either in the form of the syrup, or what I very generally use, the liquor ferri iodidi of the Skin Hospital Pharmacopœia (Mr. Startin's); it may be given either with small doses of the iodide of potassium (half-grains), or with nitric acid, according to circumstances.

I have elsewhere spoken highly of a very old medicine, the muriate of barytes, in several forms of scrofula, and subsequent experience has in no degree changed the opinion I then formed of its great utility. It seems to have a marked effect in stimulating the lymphatic system of vessels, and to approach more nearly to a specific (if I may use such an expression) than any medicine yet known.

I have never seen cod-liver oil exercise any very great influence upon indurated glands, unless when there was at the same time much emaciation. Its efficacy, however, in other scrofulous complications, and especially in diseases of bone, is universally admitted. It is, in fact, the sovereign and only remedy.

Good food, good air, and other hygienic means, though oftentimes not very accessible to some of our humble dispensary patients, it is needless to remark, are of the highest importance. Mistaken notions, I think, are very often entertained as regards the superior efficacy of sea air, or a residence by the sea-side, in scrofulous complaints. For purposes of bathing this may be all very well, but my opinion is, that the immediate vicinity of the sea is not generally suited as a residence for scrofulous persons; at all events, to the class of cases to which I have drawn attention in this paper. Much more benefit will arise from the drier and more bracing climate of some inland or elevated situation. A patient suffering from glandular scrofula should breathe mountain air, at least during the summer months. When residing in the south coast of Devon, I was in the habit of sending patients to some of the little villages skirting the forest of Dartmoor, and always with the most beneficial results.

Liverpool, March, 1867.

* A. W. Williams: Medical Times and Gazette, July, 1865.

ARMY SURGEONS.—The returns required by Mr. Synan, M.P., have been issued from the War Office. The number of assistant-surgeons (excluding household regiments) borne on the strength of the British Army on March 19th, 1867, appears to be 697. The promotions from the rank of assistant-surgeon to that of surgeon in 1857 were 40; 1858, 40; 1859, 12; 1860, 12; 1861, 4; 1862, 21; 1863, 10; 1864, 25; 1865, 29; and in 1866, 25.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

CASE OF INCISED WOUND OF KNEE-JOINT; RECOVERY, WITH PERFECT USE OF THE JOINT.

(Under the care of Mr. HAYNES WALTON.)

THE advantages of complete exclusion of air and absolute rest in the treatment of wounded knee-joint were well shown in the following case, for notes of which we are indebted to Mr. de Tatham, house-surgeon:—

Jonathan L——, aged thirty-eight, wheelwright, a strong healthy man, was admitted on the 16th of February, with a clean incised wound of the knee-joint. When following his occupation he missed his aim with an axe that he was using at the time, and the edge struck him on the right knee-joint internal to the patella, inflicting an incised wound of an inch and a half long, at the bottom of which the cartilages of the patella and femur were plainly visible. There was very little hæmorrhage. The air being squeezed out from the joint, and the edges of the wound carefully approximated, three sutures were introduced by Mr. de Tatham, the whole being then painted over with collodion. A straight splint was applied along the back of the limb to ensure absolute rest of the joint, and the patient placed in bed with the foot raised. Broth diet was ordered, and a saline draught to be taken every four hours. The next day he expressed himself as perfectly comfortable and free from pain.

On the third day after the accident (Feb. 19th) there was a small amount of effusion into the joint, and the temperature of the part had risen a little. Pulse quiet. The bowels being confined, the ordinary black draught of the hospital was prescribed.

Feb. 20th.—Joint still distended, but no pain; the bowels have been moved; tongue clean; pulse quiet.

21st.—Effusion less. All the sutures removed; there was slight suppuration along the track of one of them, but the wound itself is nearly healed. Two slips of strapping; bread poultice.

25th.—No trace of effusion. Wound entirely healed; poultice discontinued. Still wears the splint.

March 4th.—Sat up for a short time. Is going on satisfactorily.

9th.—Splint left off. He has the perfect use of the joint. The cicatrix is adherent to the inner condyle of the femur.

He left the hospital cured on March 14th.

ST. GEORGE'S HOSPITAL.

A CASE OF TYPHOID FEVER AFFECTING THE SOLITARY GLANDS.

(Under the care of Dr. BARCLAY.)

THE following is an instance of that variety of enteric fever which Cruveilhier calls "forme pustuleuse," and the appearance in which has before now given rise to the idea that enteric fever was "intestinal variola." Dr. Harley, in his article "Enteric Fever" (Reynolds's System of Medicine, vol. i.), says—"These swollen glands are almost always solid: in only one case have I observed them to contain a yellow pultaceous matter, resembling inspissated pus." We are indebted to Dr. Reginald Thompson, medical registrar, for the subjoined notes.

J. P——, aged forty, admitted March 5th, with symptoms of fever. It appeared that he had been ill for ten days before he was admitted, the first symptoms being shivering, vomiting, and pain in the abdomen. Diarrhœa was an early symptom, but the exact date of its appearance was not ascertained. He had not

slept at night, and had been delirious and restless for two days before admission. When admitted, he was flushed and feverish; his speech was thick; tongue with a brilliant white-and-yellow fur, the epithelium being short, close, and dry; pulse 108, dicrotous; the skin hot and dry; the lungs were in a state of hypostatic congestion; the heart's sounds natural; the urine thick and muddy, and containing a considerable quantity of albumen. He was ordered the acetate-of-ammonia draught, and three ounces of brandy. At half-past six that evening his pulse was 116; respiration 40; temperature 102·7° Fahr. He passed a very restless night; the bowels were moved once, and the motions were fluid and of a very light yellow colour. There were no spots, but general tenderness and some tympanitis of the abdomen existed. On the 6th, at ten A.M., the pulse was 116; temperature 101·5°. He was very troublesome, the delirium being very marked, and he wanted to go home to go to work. He was ordered three-quarters of a grain of morphia, and he slept after it from two till nine P.M., when a second draught was given him, and he slept from ten till six the following morning. At eleven A.M. on the 7th the extremities were cold; pulse 100; temperature 100·4°. Bowels open at one; motions of a light-yellow colour, resembling pea-soup. He was rather more sensible. No spots were discovered, though they were carefully looked for. At half-past six in the evening the temperature was 101°; the pulse 100. Bowels open once during the day. He passed a very bad night: diarrhœa set in with much severity, and the motions (of a light-yellow colour) were passed in bed; the belly was tympanitic, without local tenderness; respiration gasping; a death-sweat about the forehead; pulse 168; respiration 64; temperature 106°. An injection with forty minims of laudanum was administered; but he never rallied, and died in half an hour, on the fourteenth day of fever.

The following notes of the post-mortem appearances were made by Dr. Dickinson:—The body was in good condition. There was no eruption. The back parts of both lungs sank in water; they were consolidated, and of a dark-red colour. The heart was natural; the left ventricle almost contracted; a little coagulum existed in the right side, though the blood was generally fluid; the cavities were not blood-stained. The last half of the small bowel showed the Peyer's patches in a more conspicuous manner than natural; near the valve the patches were swollen; the coats were all thickened, and creamy in colour. The solitary glands for the lower three feet of the ileum and in the cæcum had a pustular appearance; they were prominent, with white heads, and surrounded with vascularity. The mesenteric glands in the neighbourhood of the valve were enlarged and intensely injected. The kidneys were large and coarse, but smooth externally; spleen soft; liver natural.

HOSPITAL OUT-PATIENT PRACTICE.

GONORRHŒA IN THE MALE.

UNIVERSITY COLLEGE HOSPITAL.

Mr. Christopher Heath, looking upon the disease as purely local—at least in its earlier stages,—uses injections from the first, but modified according to the circumstances of the disease and of the patient. If the patient is seen in the premonitory or very early inflammatory stage, Mr. Heath believes that the disease may be cut short much more effectually and safely by a strong lead lotion (liq. plumbi diac., ʒj., aquæ, ʒvij.) than by solutions of nitrate of silver. In the ordinary acute form of the disease, injections of warm water and weak lead lotion, together with bicarbonate of potash and henbane internally, are found to relieve the symptoms, and are followed up by a sulphate of zinc injection when the acute symptoms have subsided. Although beer is interdicted, the patients are permitted a glass of weak gin and water at night, and their diet is not interfered with. Copaiba is rarely given, and only in the cases where the discharge continues profuse, though thin, some time after the inflammatory symptoms have subsided.

Complications.—Chordee Mr. Heath finds to be effectually relieved by the application of extract of belladonna and glycerine along the under surface of the organ, combined occasionally with a sedative pill (opium or henbane) at night. Orchitis in the acute stage is found to yield readily to antimony in combination with sulphate of magnesia; and where there is much œdema, a puncture is made into the tunica vaginalis, where, under these circumstances, there is a certain amount of effusion. In the later stages, strapping, or the use of mercurial ointment, is found to remove any remaining enlargement.

In cases of gleet, Mr. Heath makes a careful examination of the urethra both with bougies and with the endoscope, in order to discern the exact nature and situation of the disease. If, as frequently happens, a distinctly diseased surface is discovered, a strong solution of nitrate of silver is applied topically with the best results; if the disease appears to be more general, the use of astringent injections, the passage of a large metal bougie, and the internal administration of steel yield satisfactory results. Mr. Heath believes that in many chronic cases the so-called gleety discharge is nothing more than the ordinary secretion of the mucous follicles of the urethra, increased by the over-assiduous manipulations of the patient, and that this subsides as soon as the attention is diverted from it.

MIDDLESEX HOSPITAL.

Mr. Hulke has for several years treated gonorrhœa almost exclusively by injections, being influenced in this practice by the obvious analogy between purulent inflammation of the mucous membrane of the urethra and that of the conjunctiva. In the early stage, when the inflammation is acute, he prefers an injection of acetate of lead, frequently repeated, gives a free purge—commonly compound jalap powder,—and forbids beer and spirits. In the more chronic condition, he often uses an injection of one grain of nitrate of silver to eight ounces of water, the general rule being to use weak injections rather frequently, but stronger ones at longer intervals. In old gleets he prescribes occasionally copaiba or cubebs, but more frequently the tincture of sesquichloride of iron.

Buboes, when seen before suppuration has commenced, are leeched, but, when suppuration impends, are painted over a small spot with a strong solution of iodine, which either effects their resolution or more often hastens their pointing. They are always opened by a vertical cut. Sinuses and induration are treated by a compress and spica bandage. Mr. Hulke does not find that the treatment by injection tends to promote secondary orchitis, nor does he think the objection that it is more often followed by stricture well founded. The liability to stricture is proportioned to the duration of the disease; and this is shorter under the treatment by injections than when internal remedies only are used.

Consecutive orchitis, at first, when the symptoms are acute, is commonly treated by a few nauseating doses of tartar emetic with Epsom salts; and generally on the second or third day the testis can be strapped. This should be done with the patient recumbent, and before the strapping [is applied, he should gently compress the testis with his hands, in order to empty it and the scrotum as much as may be of blood. This plan is very preferable to the erect posture, in which dressers commonly strap the testicle.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MARCH 26TH, 1867.

MR. SAMUEL SOLLY, F.R.S., PRESIDENT.

ON THE ANALYSIS OF THE URINE IN THREE CASES OF EPILEPSY.

BY F. W. GIBSON, M.D.,
ASSISTANT MEDICAL OFFICER TO THE CRIMINAL LUNATIC ASYLUM, BROADMOOR, BERKS.
(*Communicated by* WM. JENNER, M.D.)

CASE 1.—A man aged twenty-one.

(*a*) The twenty-four hours' excretion during twenty-eight days.

(*b*) The excretion of thirteen days and of fifteen nights.

(*c*) The mean hourly excretion before and after the fit on seven occasions.

(*d*) Hourly excretion during nine hours following a fit.

CASE 2.—A man aged thirty-three.

(*a*) The excretion on thirteen nights.

(*b*) The excretion of the hours after and the hours before the fits.

CASE 3.—A man aged forty-nine.

(*a*) Twenty-four hours' excretion during fourteen days.

Deductions:—

1. The average twenty-four hours' secretion of water a little *above*—of urea, chloride of sodium, and phosphoric acid, *below*—the normal amount.

2. The nightly average of water and chloride of sodium less than the daily; of urea, equal; of phosphoric acid, greater.

3. No constant change in the urine of the fit nights, but a tendency to increase of water, urea, and chloride of sodium.

4. Increase of all the constituents in the hours following the fits.

Note.—The temperature both during the attacks and in the intervals always *normal*.

ON ENLARGEMENT OF THE SPLEEN IN HEREDITARY SYPHILIS, AND IN SOME OTHER DISEASES OF CHILDREN.

BY SAMUEL GEE, M.D.,

ASSISTANT-PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN.

In about one-fourth of the cases of hereditary syphilis the spleen is much enlarged. Sometimes enlargement of the liver and lymphatic glands is superadded. The degree of splenic enlargement may be taken as a sort of index of the severity of the cachexia: the majority of cases with great enlargement die, but sometimes such children survive, the spleen gradually diminishing in size as the health improves—not diminishing, however, *pari passu* with the improvement of health, but remaining for a long time a monument of past cachexia. Thus, the spleen can often be felt enlarged in children of three years old and upwards who bear the marks of past syphilis upon them. Sometimes an enlarged spleen is the only sign of an active syphilitic cachexia.

In ague, also, it is sometimes the discovery of an enlarged spleen which first puts us upon the right scent, and enables us to detect the existence of ague which would be otherwise latent.

Children in whom we can all but positively deny the existence of syphilis or ague occasionally acquire a greatly enlarged spleen, attended with a cachexia which is sometimes very profound. We can exclude leukhæmia, lymphatic anæmia, rickets, idiopathic purpura, and primary disease of the liver in the cases referred to; whence it is inferred that children are subject to one or more cachexiæ not yet defined, or else that the known cachexiæ may present themselves shorn utterly of all the signs by which they may be recognised. For the cases in question the name of simple splenic cachexia was proposed: the analogy with lymphatic anæmia (Trousseau's Adénie) was pointed out.

The statements made in the paper were illustrated by the histories of thirteen children.

Dr. GEE explained that the cases termed syphilitic were so beyond a doubt.

Dr. C. DRYSDALE considered this knowledge of the condition of the spleen in syphilis an acquisition to literature; he had observed it, but thought it of no importance, and supposed it to depend on engorgement of the portal system. Peritonitis and affections of the liver he considered to be not uncommon. Enlarged mesenteric glands were also seen, as were also ulcerations of Peyer's patches. He asked if Dr. Gee had observed this peritonitis in syphilitic children. He had just seen a case of congenital syphilis that day: the patient had keratitis; there were the usual marks about the mouth and teeth, and she was deaf; all the family were strumous. Boeck's impression, he said, was that syphilis caused rickets.

Mr. HENRY LEE remarked that the number of deaths recorded did not say much for the natural history system of treatment. He, however, would question whether the lesion of the spleen was purely syphilitic or depended on the cachexia accompanying the disease. He had many patients coming from the East in a cachectic condition, which was discovered in England to depend on syphilis. One patient he had who suffered from purpura and bleeding from every canal of the body; ultimately he died. This patient had a syphilitic history, but he attributed the cachectic condition rather to a blood poisoning from diseased bone in the nose, of course dependent on syphilis. Might it not be so with Dr. Gee's cases?

Mr. DE MÉRIC said that enlargement of the spleen in congenital syphilis, if it could clearly be made out, would be of great importance as a means of diagnosis. All the signs now employed were ante-mortem, and it would be of importance to obtain one which would infallibly indicate the nature of the disease after death, as many doubtful cases now occurred in every man's practice. Further investigation would, however, be necessary, and as a diagnostic during life its value would still to a certain extent remain doubtful, seeing that it depended on size, a thing not very readily made out. As there were so many other satisfactory signs, this ought to be closely examined before it was allowed to enter the list. Mr. Lee had thought that the diseased bone had produced the purpura in the case mentioned, but he had observed three cases where no bone was affected. The blood would be impoverished, and hence the purpura would be natural. In one case the patient suffered both from jaundice and purpura.

Dr. HILLIER remarked that the title of the paper had misled many of the speakers; but the paper merely referred to enlargement of the spleen in children, whether syphilitic or not. In reply to Mr. de Méric, he would say that the size of the spleen can readily be ascertained; but as any cachectic condition might give rise to enlarged spleen, it was doubtful whether the syphilitic differed from the ordinary forms. The interest of the paper lay in its showing the commonness of the disorder, and that certain cachexiæ existed which had not yet been recognised.

Mr. WEEDEN COOKE remarked that bad feeding might have something to do with the enlarged spleen, and that other hereditary disorders gave rise to cachexiæ, as there were often enlarged spleens in the children of cancerous and consumptive parents. In these cases it appeared to depend on simple congestion.

Mr. SAVORY, whilst valuing Dr. Gee's opinion, objected that the term enlargement was rather too vague. The microscope would prove valuable, as tending to show whether the enlargement depended on simple hypertrophy, degeneration, or deposit, and thus strike at the root of the matter. He would also ask what was the condition of the other blood-elaborating glands, especially the thymus, as the spleen was not very active at an early age.

The PRESIDENT remarked that the paper contained the germs of something to follow, and it might tend to the elucidation of how many infants died with enlarged spleens, and how many of these were syphilitic.

Dr. GEE, in reply, stated that Dr. Hillier had anticipated many of his observations. The detection of an enlarged spleen, he said, was very easy and very useful. Excluding cases where it was pushed down, if detectible below the ribs it was probably enlarged. His paper was intended to be purely clinical, the microscopical examination being in many instances unattainable. He was sorry that the debate turned so strongly on syphilis, as there were evidently other cachexiæ not yet recognised. Peritonitis, he said, was not very common, whilst rickets and syphilis were not necessarily connected. The enlargement of the spleen was strictly chronic, and none of the patients presented any diseased bone. The condition was not invariable in syphilis, being present in about half the number of cases only. Bad feeding did not necessarily cause it, and the thymus was not seen to be enlarged.

ACUTE POISONING BY PHOSPHORUS; JAUNDICE; DEATH ON THE FIFTH DAY; FATTY DEGENERATION OF THE LIVER, KIDNEYS, GASTRIC FOLLICLES, HEART, VOLUNTARY MUSCLES, ETC.

BY S. O. HABERSHON, M.D.,

PHYSICIAN TO GUY'S HOSPITAL.

The patient, a young healthy woman, took some phosphorus rat poison mixed with water on January 10th. It was supposed that about three grains of phosphorus were taken. Burning sensation in the mouth and throat came on; the breath was phosphorescent; vomiting and purging soon followed; but these primary symptoms subsided in two hours. The bowels were then freely acted on by salts and senna, and occasional vomiting took place; but for nearly forty-eight hours there was retention of urine. On the fifth day she was brought to Guy's Hospital. She was then jaundiced; the face was red and blotchy; the mind perfectly sensible, but irritable. She had slight pain at the stomach, but her principal complaint was of severe pain in the loins, which had commenced on the day of admission. The abdomen was distended, and the liver much enlarged; no pulse could be felt at the wrist, and the heart's action was extremely feeble. A small quantity of albuminous urine was passed after admission. The temperature of the body was very low. She subsequently rallied a little, but died suddenly nine hours later, after an attack of vomiting.

On inspection, numerous ecchymoses were found in the skin, mucous membranes, glands, and serous membranes. The brain was healthy. The heart contained small clots of blood. In the stomach and small intestine were black fluid and mucus; the mucous membrane was much congested, especially in the ileum. There was no abrasion of surface. The liver was large and very fatty, and its cells were distended with oleaginous globules. The kidneys were pale, and the uriniferous tubes were distended, almost wholly with highly refracting granules; the pancreatic cells contained fat, and still more so the gastric follicles; the spleen presented numerous highly refracting granules instead of cells. The voluntary muscular fibres were

partially degenerated, some fibres presenting transverse markings, others consisting of highly refracting granules; the heart also was similarly but partially degenerated.

A single grain of the phosphorus paste given to a rabbit caused death on the fourth day, and its structures presented a striking contrast with those of a healthy rabbit: the liver was pale and fatty in a marked degree, and the voluntary muscular fibre from the thigh had undergone rapid degeneration.

Reference was made to the chronic changes of the jaw produced by phosphorus, and to the frequent occurrence of poisoning by phosphorus on the continent. It was mentioned that similar acute fatty degeneration, with jaundice, and unexpected death from a form of syncope, were described by continental observers. Especial reference was made to the work of M. Tardieu, who has described poisoning by phosphorus under three forms. The first accompanied by symptoms of gastro-intestinal irritation, followed by pains in the loins, jaundice, failing circulation, and sudden death, or death from coma. The second form, called nervous, on account of the predominant character of the cerebro-spinal symptoms. And the third hæmorrhagic, from the changes in the blood with purpura being more distinctive. In the last class of cases the course was slower.

The author referred, first, to the low temperature of the patient on admission—89·8°, afterwards rising to 91°; secondly, to the exhausted functional state of the vaso-motor nerve; and, thirdly, to the comparative immunity from pain in the abdomen, although there was acute inflammation of the stomach and intestines. He also dwelt upon the importance of bearing in mind acute poisoning by phosphorus as a cause, first, of acute jaundice, with degeneration of the liver; secondly, as producing intense exhaustion of the power of the vaso-motor nerve; thirdly, as inducing somnolence and coma, like uræmic poisoning; and, lastly, as constituting one form of purpura hæmorrhagica.

Reviews and Notices of Books.

Injuries of the Eye, Orbit, and Eyelids; their immediate and remote Effects. By GEORGE LAWSON, F.R.C.S. Eng., Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and to the Middlesex Hospital; late Assistant-Surgeon Rifle Brigade. pp. 430. London: Longmans and Co. 1867.

THE author of this excellent volume deserves the thanks of the profession at large for affording its members who have not had the opportunity of following up the numerous improvements of modern ophthalmology, a reliable guide as to the treatment of a class of injuries whose management is of the very highest importance to both patient and practitioner. Mr. Lawson has turned his large experience to good account, and has written a clear and concise, though exhaustive, description of the immediate and remote effects of all the varieties of injury to which the eye is liable, and the treatment to be adopted. His volume, unlike some modern ophthalmic works, is readily intelligible, and hardly contains a mathematical formula, and very few six-syllable compound ophthalmic terms.

The subject of foreign bodies in the eye is treated fully, and is amply illustrated with cases and drawings of eyes the subjects of injury. The practical hints on the mode of extracting foreign bodies from the cornea and sclerotic will be found of great service; and the observations on the subsequent treatment of injured eyes by the formation of artificial pupil &c. will enable the practitioner to afford relief in cases which have hitherto been too often condemned as hopeless. Traumatic cataract is treated more fully than we remember to have seen in any other ophthalmic treatise; but its importance can hardly be exaggerated. Since an injury may bring on cataract at any age, the treatment must necessarily be a varied one; and Mr. Lawson describes at length the different modern operations which may be had recourse to—such as linear extraction, traction, suction, &c. The complications of traumatic cataract by injury to the iris, loss of vitreous, &c., are also well described.

The chapter on Sympathetic Ophthalmia and its Treatment we would especially call attention to, as embodying all the information upon the subject which has resulted from the labours of ophthalmic surgeons during the last few years, which, however, is comparatively unknown to the profession at large, and still more so to the public. Unfortunately, the loss of one eye is not the only damage which may accrue from an accident to it; since it is constantly found that, at a more or less remote period, a slow alteration taking place in the blinded eye will most surely excite "sympathetic irritation" in its fellow, and will ultimately lead to its destruction. That cases of injury leading to loss of the opposite eye are allowed to remain untreated till too late the instances recorded by Mr. Lawson abundantly prove; and the conclusions which he draws—"that the removal of the injured eye affords the best chance of arresting the disease," and "that in no case has he seen sympathetic ophthalmia originate in an eye after the other had been removed on account of an injury"—ought to do away with that reluctance to part with a shrunken and painful globe which is but too often met with. The modern operation of excision of the eyeball (p. 275) is so simple and so bloodless, that its terrors ought to be banished from the minds of both patients and practitioners, whose ideas are taken from the records of bygone and bloody surgery.

The book is handsomely illustrated by numerous excellent woodcuts, both of eyes and instruments, and fully deserves that success which, as a record of honest work, it is certain to obtain. We regard it as a most valuable contribution to British ophthalmic writings, and highly creditable to its author.

Diarrhœa and Cholera; their Nature, Origin, and Treatment through the Agency of the Nervous System. By JOHN CHAPMAN, M.D., M.R.C.P., M.R.C.S. Second Edition, enlarged. Trübner and Co. 1866.

THERE are probably not many physicians of large clinical experience and of adequate physiological information who have entertained very sanguine hopes of the successful treatment of Asiatic cholera by Dr. Chapman's system of icing the spine. However, *à priori* considerations are of little worth as opposed to experimental facts. Dr. Chapman's strongest argument, and we will give it at once, is this:—That 88 cholera cases proved fatal out of a total of 130 under "ordinary" treatment at Southampton in 1866; while of 28 cases treated by the ice-bags, in the same town and period, only 13 died. To a novice in medical statistics this fact would be very striking; but, without desiring to dissuade anyone from trying the ice-treatment for cholera, if he be so disposed, we must beg leave to remind possible enthusiasts of certain elementary truths in the science of therapeutic statistics. In the first place, we would remark that it is impossible to make *any* correct comparison as to the results of treatment between one set of cases numbering 28, and another set numbering 130. Secondly, in a disease like cholera, which, *if not treated at all, has a mortality of only about 50 per cent. when observed on the large scale*, nothing short of the recovery of at least three-fourths, out of so small a number observed as 28, would afford any presumption in favour of the belief that the treatment had been effective; unless, indeed, Dr. Chapman had been able to show that his cases were on the average specially severe. But there is no evidence of this in his book. And, thirdly, it must be remarked, that the so-called "ordinary" treatment with which Dr. Chapman contrasts his own includes many varieties, and not any single method, of medication. Before therefore attempting to compare the result of his own cases with that of this heterogeneous mass, an observer should compare it with the results of a purely expectant method. Had Dr. Chapman done this he would have found that his apparent success shrinks to dimensions which (in view of the small number of his cases) makes its character altogether problematical.

We have the less hesitation in making these remarks, which may seem ungracious towards an ingenious physician like

Dr. Chapman, because we are sure that our criticisms will not prevent his method of treatment from having a fair trial. That his book has reached a second edition already is sufficient proof of this; and, in fact, the time appears to have come when it is necessary to check rather than to aid public enthusiasm for a theory which, though clever, has in truth been very crudely and hastily put forward.

Intestinal Obstruction. By W. BRINTON, M.D., F.R.S. Edited by THOS. BUZZARD, M.D. Churchill and Sons.

THIS posthumous work of a well-known and able physician has been carefully edited by Dr. Buzzard. It contains in a small space an elaborate and succinct account of all that is known of intestinal obstruction, and will be the standard work on the subject.

THE LANCET RECORD
OF
THE PROGRESS OF MEDICINE AND THE COLLATERAL SCIENCES.

ACTION OF CHLOROFORM ON THE SYSTEM.

MOST of those who have carefully studied the effects of chloroform when administered in vapour to animals are of opinion that the first effect of the anæsthetic is excitant, and that this is followed by a sedative effect. This, however, is not the conclusion of M. P. Bert, who has presented a memoir to the French Academy on the action of Chloroform as an Anæsthetic. From his experiments on dogs and other mammals, M. Bert concludes that the excitant action of chloroform is a false one, and that it does not depend on any systemic effect of the vapour. He asserts that the excitant action is due to the effect of the vapour on the mucous coverings of the eyes, nose, mouth, and glottis: the chloroform irritates these surfaces, and produces the movements generally observed, and usually attributed to the effect of the *absorbed* vapour. In proof of this, M. Bert cites the following experiment:—"I opened the trachea of a dog, and inserted into it a small glass tube connected with an inhaling apparatus. Into the latter I put some pieces of wool steeped in chloroform. Anæsthesia soon took place, but the animal slept tranquilly, and there was no period of excitation."

INNERVATION OF THE HEART.

A valuable series of researches has been conducted by MM. E. and M. Cyon, of St. Petersburg, with a view to clear up our knowledge of the above subject. The experiments were conducted late last year in M. Du Bois Reymond's laboratory at Berlin, and the results are published in the *Comptes Rendus* for March 25th. Some of the authors' conclusions are of interest. Amongst others are the following:—1. Electric irritation of the third branch of the inferior cervical ganglion produces in rabbits an acceleration of the beats of the heart and a diminution of their force. 2. The first two branches of the same ganglion are the sensitive nerves of the heart. 3. Irritation of the fourth branch of this ganglion, which passes above the subclavicular artery, produces a slight increase of the mean pressure of the blood, without altering the number of pulsations. 4. In dogs it is the second branch of the inferior cervical ganglion whose irritation produces the same changes as the irritation of the third in rabbits. MM. Cyon propose to call these nerves the *accelerator nerves of the heart*. They formulate the following conclusions as to their action:—1st. They are not ordinary nerves terminating in the muscle of the heart. 2nd. They are not nerves acting on the vessels of the heart, because the complete occlusion of these does not change the number of pulsations. 3rd. They are nerves terminating in the ganglia of the heart. 4th. They are antagonists of the pneumogastric. Irritation of the latter diminishes the pulsations of the heart while increasing their force, while these accelerating nerves increase the number of pulsations while decreasing their force.

CEREBRAL HÆMORRHAGE.

In a work recently published in Paris, M. Bouchard gives the following conclusions as to the nature and cause of the above accident:—The various causes which increase the general tension of the blood, with some exceptions, exercise a determining action. The change of consistence of the tissue of the brain seems to be an accessory and even doubtful cause of hæmorrhage. The vascular lesions hitherto described as productive of hæmorrhage are oftener the result of a cerebral lesion than the cause of apoplexy. Senile hæmorrhage is the consequence of a previous alteration in the state of the vessels. The small arteries become hard, their middle coat is atrophied, and aneurisms are produced in them, thus causing effusion. Senile hæmorrhage is therefore a distinct condition. These aneurisms are formed slowly, and are often numerous; they may be seen on the surface of the convolutions, but they are more numerous, though less perceptible, in the grey matter.

ACTION OF DIGITALIS.

Of late a good deal has been said and written on the mode of action of digitalis. Now, M. Legroux offers his opinion on the subject. He concludes: (1) That in all doses digitalis (whose active principle is digitaline) exercises a special influence upon the circulation. (2) If in the poisonous dose digitalis acts directly on the heart, it seems that in the therapeutic dose it first produces contraction of the capillaries, and only secondarily affects the heart in re-establishing the equilibrium of the circulation. (3) According to this theory, digitalis is a sedative to the circulation, in the sense that it calms the disturbances of the latter, doing so not by an excitant or tonic action. (4) The influence of digitalis on temperature, secretion, nutrition, uterine contractions, &c., can only be explained by its excitant action on the ultimate branches of the sympathetic system. (5) This theory explains the favourable results obtained by the use of digitalis in fevers, cerebral affections, hæmorrhages, dysmenorrhœa, congestions, &c.

DIFFICULTY OF TESTING FOR ALKALOIDS.

In a very able paper published in the *Indian Medical Gazette* for February Mr. W. J. Palmer points out that the recognised tests for certain alkaloids are by no means infallible. His paper refers especially to the tests for dhatoora and aconite, and shows that it is not always possible to distinguish these alkaloids by means of the established tests. It is stated in many of our books that non-precipitation by chloride of platinum is characteristic of aconite. Mr. Palmer, however, asserts that he has found this test utterly unreliable. He does not cast a doubt on the observations of other chemists, but he states that it often happens that well-known reactions do not occur. He says that "a solution prepared by Stas' process from dhatoora seeds will sometimes yield a precipitate with iodo-hydrargyrate of potassium, while at other times it will not; both solutions being equally capable of causing dilatation of the pupil." This circumstance, Mr. Palmer thinks, explains why such observers as Herapath and Grove should have stated in the pages of the same journal, the one that aconite *is*, and the other that it *is not*, precipitated by chloride of platinum. Mr. Palmer's observations deserve the attention of toxicologists.

NUCLEATED BLOOD-CORPUSCLES IN MAMMALS.

In a paper in the *Microscopical Journal* for April Professor Rolleston details the results of his observations of the blood of the two-toed sloth. He states that he has met with numerous instances of nucleated red corpuscles. Professor Rolleston seems to us to attach greater importance to the facts than they deserve, and also to mistake their true significance. Some of the blood of an elephant examined by him presented these nucleated corpuscles also, and it was remarked that the coloured portion was internal. This is exactly what was pointed out long ago by Mr. Wharton Jones, and corroborated by Mr. Busk. These nucleated cells constitute the fourth stage in the development of the ordinary mammalian corpuscle, which latter, from the observations referred to, appears to be the discharged central and coloured portion of the nucleated corpuscle.

LAMINARIA IN ARTIFICIAL LABOUR.

M. Boens, of Charleroi, who publishes a paper in the *Gazette des Hôpitaux* on the Comparative Merits of Plugs of Sponge and Laminaria in the production of Artificial Labour, gives the former a much higher value than the latter. He gives a tabulated statement of the effects of the laminaria, and shows that, while the sponge is less dangerous, it is quite as efficient.

THE LANCET.

LONDON: SATURDAY, APRIL 13, 1867.

WHEN a Minister for War has to construct a scheme regulating the pay, status, and privileges of the medical officers of the army, he has a difficult task before him. He has to deal with a service soured and exasperated by a long course of neglect, rendered suspicious by want of faith in the fulfilment of former promises and concessions—in a word, in that unhappy state of mind which is the inevitable result of chronic discontent. With, it may be, the most anxious desire to do justice, the Secretary for War must so frame his measure as not to excite the ever watchful jealousy of the authorities of the Horse Guards, and, we must add, of the purely military element generally, always opposed to any concessions to their medical brother officers. He has to fight a long and vexatious battle with "my Lords" of her Majesty's Treasury, whose business it is to control expenditure, and by a vigorous use of the pruning-knife to repress the tendency in all departments of the public service to increase of expenditure. When a *warrant* at last appears, few of those affected by it are aware of the labour that has been expended upon it ere it comes to the birth—the long "minutes," "references," "conferences," and correspondence that have taken place before the scheme which looks so simple is matured. When all this is considered, we must not be surprised that the outcome is a compromise. If the measure falls short of the moderate expectations of the friends of the department, they may be quite sure that it is equally unsatisfactory to the Minister in whose name it is issued, although it may in reality represent the utmost he has been able to extort from those whose consent is indispensable to any concession at all.

Keeping the above considerations in mind, we proceed to an examination of the Warrant, a summary of which was published in our last issue.

And first as regards pay. We think that, on the whole, this has been fairly and reasonably adjusted. The increase in the highest grades is not considerable. The pay of an Inspector-General on promotion to that grade remains as before, at £2 a day; after twenty-five years' service, as in the old Warrant, £2 5*s.*, beyond which rate it did not go; an addition of 2*s.* a day is now given after thirty years; and the daily pay finally rises to £2 10*s.* after thirty-five years' service. The special allowance to the senior medical officer with an army in the field remains as in the Warrant of 1858. The pay of a Deputy-Inspector General on promotion to that grade is now £1 10*s.* instead of £1 8*s.*; after twenty-five years' service it is £1 12*s.* instead of £1 10*s.*; after thirty years it is £1 15*s.* instead of £1 14*s.*, beyond which in the old Warrant it did not go; in the new one it rises to £1 17*s.* after thirty-five years' service. The pay of a Surgeon-Major on attaining that grade is now £1 4*s.* instead of £1 2*s.*; after twenty-five years' service it rises to £1 7*s.* A Surgeon on promotion now draws 17*s.* 6*d.* instead of 15*s.*; after fifteen years he has £1 instead of 18*s.* An Assistant-Surgeon on appointment draws, now as before, 10*s.* a day; after five years 12*s.* 6*d.* instead of 11*s.* 6*d.*; after ten years 15*s.* instead of 13*s.*; and should he have the ill-fortune to be fifteen years an assistant-surgeon, his pay will rise to 17*s.* 6*d.*, whereas formerly it did not go beyond 13*s.* under any circumstances.

As regards non-effective pay, inspectors-general and deputy inspectors remain as under the Warrant of 1858. A surgeon-major, half-pay, under the provisions of Clause 18 of the new Warrant, is £1 a day after twenty-five years' service, instead of 18*s.* 6*d.* under Clause 10 of the old; after twenty years, 16*s.* 6*d.*, as in the old Warrant. The half-pay of a surgeon, under the same clause, after fifteen years, is 13*s.* 6*d.*; and after ten years 11*s.*, as before. There is no change in the half-pay of the junior grade.

Clause 19 in the new Warrant embodies a new principle—viz., a rate of half-pay for officers retiring "for their own convenience" after twenty years' service. This is what the service has long anxiously contended for, and it is one of the recommendations of the late Commission. We fear the boon has been given in such a way as to be only a nominal concession. We say this notwithstanding our anxious desire to put the most favourable construction on this as on every other part of the Warrant. Instead of defining exactly what an officer availing himself of this clause shall have a right to, it declares "that the rate of half-pay awarded to officers retiring for their own convenience, after twenty years' service on full-pay, *shall not exceed* one-half of their full-pay at the time of retirement:" thus leaving it optional with the authorities to give any sum they please. It would have been better to have refused compliance with the recommendation of the Commission than to have irritated the service by another example of those deceptive promises of which they have had more than enough from the same quarter. Clause 22 is a more substantial benefit, under which an officer of twenty years' service, placed temporarily on half-pay under Article 21, on account of ill-health, may be allowed to retire on permanent half-pay at the rate fixed by Article 18 (given above), if after one year on half-pay he shall be reported by a medical board to be permanently unfit for further service. This will meet the case of a large number of officers who have suffered on foreign service, and for whom under the old Warrant there was no provision.

Clause 20 of the new Warrant, which regulates retirement after twenty-five years' service, is substantially the same as Article 12 of the old on the same subject.

Now comes a most important question: Does this new Warrant take the place entirely of the famous document of the 1st of October, 1858? This is a difficult question to answer. If we look alone at the preamble to the new Warrant, we should say that it does not; because it distinctly says: "Our will and pleasure is that Articles 283 to 298 of our Royal Warrant of the 3rd February, 1866, and so much of our Royal Warrant of the 1st October, 1858, as affects the half pay and retired pay of the said officers, be cancelled, and that instead thereof, this our present Warrant," &c. So far all is clear enough; but if this Warrant was not intended to supersede that of 1858—if it only dealt, as in the preamble it professes to do, with matters of finance,—where was the necessity for going into and repeating other provisions about which there was nothing in doubt or dispute?—such, for example, as the "qualification for assistant-surgeons," the

articles relating to promotion, appointment as honorary physician to the QUEEN, and many other such matters, having, as we have just said, no relation to matters of finance; while there is no reference to Clause 16, which regulates the relative rank of medical officers; and, above all, to Article 17, the most prized and the most important clause in the Warrant of 1858. It surely cannot be that the authorities mean that all the clauses in the Warrant of 1858 not reprinted in that of 1867 are to be considered as cancelled? We do not by any means say that it is so, but there can be no doubt that a suspicion to this effect prevails in the service. We venture respectfully to suggest that some authoritative explanation should be given on this point, as it would be in the last degree unfortunate that all the good effects of a healing measure like the Warrant under consideration should be neutralised by so fatal a mistake as the cancelling of the clauses that made the Warrant of Gen. PEEL precious in the eyes of all members of the profession, not only in the army, but in civil life.

In conclusion, we have to congratulate the service on the fact that the clause in which the promise of good-service pensions to deserving officers is so emphatically repeated has not been a dead letter. We observe with satisfaction that the names of several medical officers have already been added to the list. On the whole, we think the service should be well satisfied with the substantial gains enumerated above. Justice, pure and simple, is seldom obtained *per saltum* in this world; but here is at least a handsome instalment.

THE Parliamentary paper to which we referred on March 30th has since been published, and will be found to be a most valuable contribution to the history of scurvy. It is satisfactory to find that the Board of Trade have long been fully alive to the existence of remediable evils, and have taken pains, in all cases that have come to their knowledge, to cause stringent inquiry to be made into every relevant circumstance connected with the ship, or even with the individual history of each scorbutic patient. This is a matter of considerable medical interest, as a previous low state of health has a remarkable influence in predisposing men to be attacked by the disease. The essential condition for the inroad of the malady—viz., the absence of fresh vegetable food, or its only efficient substitute, good lime-juice—has been proved almost invariably to co-exist with this defect in the health of the individual. A number of striking facts of this kind have been elicited in the elaborate inspections by Dr. DICKSON and Mr. COLEMAN in the second part of the volume. The exceptions are singularly few, and are open to doubt; for it is not always that identity of the lime-juice exhibited in port with that used on the voyage can be implicitly relied on. The efforts of owners and captains to exonerate themselves in those cases wherein culpable neglect has been brought home to them seem to be painfully futile and shifty; and their lame excuses are an instructive testimony to the good effects of an occasional overhaul, in most cases being strongly confirmatory of the justice of the allegations made against them.

The first part of the paper contains a correspondence with the local Boards and other persons who are qualified to write authoritatively on the subject, and is of high practical value. We shall have occasion to analyse this document and the numerous suggestions from various sources on the means by which the violation of sanitary laws with regard to diet may for the future be prevented. Meanwhile we may quote, in continuation of our previous remarks, the plan recommended by Mr. MAYO, Registrar-General of Seamen, as likely to be most effectual in stopping the traffic in spurious lime-juice:—

"I would propose that the Legislature should empower the Board of Trade to prosecute any owners or masters if spurious lime-juice were found on board their ships, as well as to prosecute the vendors; and further, that the Board of Trade should have power to license certain respectable vendors at the various ports to sell lime-juice; these persons to be bound to sell it only in bottles, as recommended by Dr. Dickson,* with a small proportion of spirit mixed with it to preserve it. Owners and masters would then know where to go to purchase good lime-juice, and would have no excuse if they bought a spurious article. An occasional analysis of a bottle taken from the vendor's stock would have to be made, and if found not equal to the Government (Navy) standard, the vendor's licence should be cancelled, and the vendor be heavily fined. Such a plan would, I believe, soon put a stop to the sale of bad lime-juice."

We have reason to believe that a clause to this effect is likely to be introduced into the proposed changes in the Shipping Act which are soon to be laid before Parliament by the Duke of RICHMOND, and will dispose of this by no means unimportant branch of the subject.

All will admit that it is high time some means were adopted to repress the nefarious practices in vogue. Liverpool, in particular, has a bad pre-eminence. Not only were many vessels victualled at that port found to have worthless lime-juice at the end of the voyage, but the samples which were obtained by the Board of Trade direct from the dealers' stores were in a majority of instances grossly adulterated. Of eight specimens analysed by Mr. LEACH not one was found to be of satisfactory strength and purity. One was adulterated with sulphuric acid, another with acetic acid. (p. 29.) Of ten specimens examined by Dr. DICKSON only one was really good lime-juice; three were free from gross adulteration, but with their acidity impaired by age or dilution. The other six samples were utterly valueless as antiscorbutics, being either damaged lime-juice watered, or very weak solutions of citric acid, and in two instances there was distinct evidence of sulphuric acid. (p. 35.) We have heard of a firm which retails lime-juice at one-half of the price they have paid for it, and a case is reported through Mr. GRAVES, M.P. (p. 69), in which 6000 or 7000 gallons were offered in the market at threepence per gallon, with a view, doubtless, to its being concocted into ship's lime-juice.

A great injustice is thus done to honest traders; for it would seem there need be no lack of a genuine and reliable article. Two houses undertake to supply the public from the West Indies with 85,000 gallons annually. (p. 21.) This quantity would, in all probability, suffice for the wants of the whole merchant navy of England. Even in the longest oceanic voyages the allowance necessary for each member of the crew does not exceed a gallon. The price of this, including the spirit essential to its preservation and the expense of bottling, cannot be more than about three shillings, and would probably be considerably less. (pp. 21 and 61.)

To secure so pleasant, cheap, and efficacious a prophy-

* "The only form of supply should be in vessels of stone or glass, not exceeding a gallon, with the vendor's name on the seal or capsule; and in all cases the sale should be accompanied by a certificate from the dealer, testifying to the purity of the article and the addition of spirit, and warranting its quality to keep."—Dr. Dickson to Board of Trade, March 3rd, 1866 (Parliamentary Paper, 126, page 9).

lactic is, we think, well worth the attention of the Legislature, and we trust that the simple and apparently unobjectionable measure we have described may be found effectual. As in all preventive enactments, much will depend on the manner in which it is worked, and on the certainty as to conviction and punishment that shall await transgressors. At present culprits enjoy a practical impunity, through their possession of local influence, being not unfrequently themselves members of the Boards who adjudicate on such questions. A change in the *modus operandi* is urgently demanded.

SIR ROBERT P. COLLIER brought the case of TOOMER before the House of Commons on Friday, the 5th inst., by moving for copies of all memorials presented to the Home Office on his behalf, and the answers thereto. Sir ROBERT entered into a lengthened detail of the circumstances connected with the case, and contended that all the evidence, even that of the prosecutrix herself, went to show that no rape had been committed. Indeed, the evidence adduced against the prisoner as to the commission of the capital offence really told in his favour. Under these circumstances, TOOMER has evidently been wrongly convicted—an innocent man has sustained a grievous wrong. Sir R. COLLIER admitted that it was not desirable for the House of Commons to interfere with the course of the administration of justice, and to become a court of criminal appeal under ordinary conditions; but TOOMER'S was an exceptional case, loudly demanding some intervention of the kind. But the appeal to Mr. WALPOLE was in vain, and, with the same stoical obstinacy which has characterised the conduct of the Home Secretary in everything relating to this unhappy case, he refused to comply with the motion. He contended that the Home Office was not a court of appeal; that the jury had found the prisoner guilty, though recommending him to mercy; and that the judge agreed with the verdict. The sentence was no doubt a severe one; but no application had been made to him (Mr. WALPOLE) for a mitigation of it. This is true. But what has been the verdict of the whole British nation on the case? Why that TOOMER was unjustly convicted, and most unmercifully punished. The case cannot rest where it is, and we are glad that Sir R. COLLIER intends at a future time to take the sense of the House on the subject.

It is perhaps not remarkable that in a case of this kind the medical evidence adduced in TOOMER'S behalf was not a prominent feature in the discussion. There is no reason, however, why that evidence should not be discussed in a medical journal, and more especially as it forms, we believe, the most important element of the defence, notwithstanding the extraordinary statement of the judge in his summing-up: "You have heard the evidence of the medical witness—I believe, a gentleman of respectability; but, in my opinion, medical evidence is of little avail in such cases, being merely theoretical." Theoretical indeed!—nothing could be less theoretical. Mr. MAURICE, the able surgeon who examined Miss PARTRIDGE within twenty-four hours of the time of the alleged offence, says: "I found no marks of violence about her genital organs or thighs—in fact, no marks of violence on any other part of the body; there was no trace of a hymen, and no sign of its having been recently destroyed. The examination was repeated the following morning, when I was confirmed in the opinion I had formed the previous evening." Is this theoretical evidence? It is the evidence of facts observed, and contradicts flatly the testimony given by the prosecutrix before the magistrates, which described "not only great violence on the part of the prisoner, but great and prolonged resistance on her own part." She said: "He knelt upon me and forced me with his great knee; he tried to throttle me, and held his hand over my mouth. On the second occasion I resisted all I could; he knelt upon me," &c. Mr. MAURICE, in his letter to us on the case, makes the following practical and sensible remarks: "Let me ask, not only your medical readers, but any man of common sense, whether they will believe that such a struggle between a man and a woman which ended in a rape could have taken place without even bruising from the knee about the thighs, lacerations and contusions about the genital organs, and bruises and marks of violence on other parts, especially about the face and neck, from the alleged attempts to prevent an alarm being raised?" Has Mr. Justice SHEE, who sets so light a value upon medical evidence in these cases, any "theory" to reconcile these remarkable discrepancies between causes and effects?

No wonder, with such evidence as that produced for the prosecution, no witnesses were called for the defence. Who could have believed that any jury could possibly have arrived at a verdict of guilty after such testimony, or that any judge would have ignored such direct, convincing, and unimpeachable medical testimony? In the name of the entire profession we impeach the verdict of the jury and the sentence of the judge. We assert that if the violence sworn to by the prosecutrix had been inflicted, it was simply impossible that no marks of it should have been manifest at the time Mr. MAURICE made his examination. We offer no excuse for the moral delinquencies of TOOMER. That he was guilty of great deception and gross immorality we admit; but we unhesitatingly affirm that he was *not* guilty of the crime of rape. We trust that Sir ROBERT COLLIER will persevere in his efforts to rescue an innocent man from the grievous wrong he has sustained.

Medical Annotations.

"Ne quid nimis."

THE PRESIDENCY OF THE COLLEGE OF PHYSICIANS.

As we fully expected, there has been an unusual amount of interest excited by the approach of the day for electing a new president of the College of Physicians. A very painful feeling of regret has been experienced by the whole College at the idea of losing Sir Thomas Watson; and there has been a general expression of the opinion that it would be impossible for anyone so to fill the chair which he would leave vacant as to obliterate the recollection of the serious loss which had been sustained. As the time draws near the Fellows seem to feel more strongly than ever that they cannot give up the president who has represented the College and the profession with such distinguished grace and dignity, and whose personal bearing towards everyone, old and young, with whom he has been brought in contact, has been such as to inspire respect and affection, without one more effort to induce him to forego his intended retirement. We cannot wonder that this should be the case, and we feel so strongly that this is a matter in which not merely the College but the whole profession is interested, that it is impossible for us to refrain from ex-

pressing a hope that Sir Thomas Watson may be able to accept once more the dignified office which no one now living could fill as he has filled it. We trust we are not selfishly unmindful of a veteran's claims to ease and retirement after long and worthy service. It is not for us to pay idle compliments to one who has so little need of them; but we are certain that no one will suspect us of insincerity if we appeal to Sir Thomas Watson in a very personal manner. We would press upon his notice the widespread conviction that his presence and influence have had a most beneficial effect upon the popularity and reputation of the College, and, indirectly, of the profession itself. And we would add the expression of our firm belief that every fresh year during which he holds office is a new security for the establishment on a firm basis of that unity and good feeling among the Fellows which have not always existed in the perfection that is so much to be desired, but which are vitally necessary for the maintenance of elevated and generous feelings and behaviour in the upper ranks of the profession, which ought to be an example to the rest.

THE LONDON UNIVERSITY BUILDING.

THE discussions in the House of Commons upon the proposed building for the University of London convey an erroneous impression of what has really taken place. We believe the facts to be as follows:—Plans were sent in the first place by the Board of Works, when Mr. Cowper was in office, to the University in the spring of last year. They were placed before the Senate and the annual meeting of Convocation, and were carefully examined by the registrar, who was in free communication with the architect (Mr. Pennethorne), with regard to the arrangements of the interior. The registrar was told, in answer to his inquiries, that for the elevation itself the Board of Works was alone responsible, and that it would not be shown to the University until decided upon by the Minister. At that time it was intended by Mr. Cowper that the elevation should be Grecian; but the design had not been completed when he went out of office. When Lord John Manners came in, and the classical elevation was submitted to him by the architect, he expressed a preference for the mediæval style, and directed Mr. Pennethorne to prepare a mediæval elevation, which he accordingly did. About the middle of August Lord John Manners sent for Dr. Carpenter, the registrar, and showed him the two designs in the presence of Mr. Pennethorne, asking which he preferred. Dr. Carpenter distinctly disclaimed any authority to speak in behalf of the University; and on being asked for a personal opinion, replied that architecture was not a subject that he had studied, and that his opinion would consequently not be of any value. On being further pressed he intimated a preference for the mediæval design, as having the more imposing character of the two. The mediæval elevation adopted by Lord John Manners, was first placed before the Senate of the University (not at his instance, but through a request made by the registrar to the architect) in the latter part of last year, but the Senate then understood that they were not entitled to express any opinion upon its character or its merits. Early in the present year, at the instance of the chairman of Convocation, the elevation was placed before the annual committee of Convocation, which suggested certain points as to ingress and egress, condemned the proposed elevation, and resolved to request the Senate to form a joint committee on the subject. The Senate at its meeting on March 27th came to the conclusion that a building, of which the style should be in harmony with that of Burlington House, would be preferable. Lord Granville (the chancellor) stated as much in the House of Lords on Wednesday, and that such a scheme would preserve the harmony of the buildings to be erected on the grounds of Burlington House. This argument, we venture to think, is fallacious, because the University building will be a wholly distinct one, and there is no necessity because two buildings stand on the same freehold or plot that they should therefore be alike in style. The present plan itself requires no alteration but the substitution of another elevation, for that already commenced will entail considerable expense. We sincerely hope that whatever is done will be done quickly.

NEW OPERATING THEATRE AT GUY'S HOSPITAL.

EVER since Guy's Hospital was built the old and inconvenient operating theatre, designed by the original architect, situated on the north side of the surgical wards, has sufficed for the purpose for which it was originally intended. It undoubtedly claimed the rank of being without exception the most wretched, cramped, and miserably-devised place that could have been constructed. It was true it was hallowed as the scene of the labours of the illustrious Sir Astley Cooper, and was therefore looked upon by some of the present staff with a feeling of veneration, not to say love, though all admitted that no place could be more unsuited for the wants of the present time. The very large number of students rendered it necessary that some alteration at last should take place. For some years past the authorities have been anxious to replace the late theatre by a building more useful and more elegant, but difficulties have always arisen. These, however, vanished last August when the matter was fairly taken in hand by the present treasurer, who, on this occasion as on numerous others, has shown himself most anxious not only for the welfare of the patients, but also for everything connected with the school. Accordingly Messrs. Newman and Billing, the architects, were directed by the treasurer to draw out a plan for the new structure, which was submitted to the staff for their approval. The old theatre was taken down, so much of the surrounding parts of the hospital added to the old site as to render the superficial area of the new theatre about twice the size of the old one, additions being made where necessary to the lobbies and passages adjoining; thus a structure has arisen which is probably the most convenient and best lighted, as it is certainly the most elegant, of the theatres in London. The standing-places for the students are so arranged as to give admirable opportunities for every one to witness what may be going on. The area is considerably enlarged, giving ample space for the attendants, visitors, staff, and dressers in the respective places allotted to them. There is a "sunlight" gas-burner, which is most useful for operations of an evening, and may even be said to serve the purpose of a guide, intimating to any students who may be passing or be about the neighbourhood that an operation is going on, as the light in the dome can be seen at some distance. The warming apparatus is very perfect; indeed it may be said that in every respect both usefulness and elegance have been thoroughly combined, no expense having been spared to render this theatre worthy of Guy's Hospital. The staircases leading to it on the "men's side" of the hospital have been replaced by stone; and lastly, it must not be omitted to be mentioned that a most commodious and admirable photographic studio has also been constructed in the neighbourhood of the theatre.

GREENWICH HOSPITAL.

THE sick seamen of the merchant navy have not yet reached their desired haven, and it appears that the only suitable locality of Greenwich Hospital in which they could be housed has been refused them. In order to give useful effect to the promise of occupancy granted by Lord Derby to the Seamen's Hospital Society about a month ago, it is eminently necessary that the allotted wing should have a river frontage, so that it may be easily accessible to boats landing the sick from their ships. It will be also greatly conducive to the comfort of the present and future dwellers in other quarters of the royal hospital that the block inhabited by merchant seamen should be perfectly distinct from the rest of the establishment, or, in other words, self-contained. The importance of this point is very

evident, both for sanitary and administrative reasons; as it is desirable, on the latter grounds, that no sort of collision should occur with the naval authorities. It was shown last week in the columns of *The Times* that the north-east wing possesses all these requirements; that it is capable of accommodating at least 300 patients, and that ample room exists for the residence of officers. There would be no difficulty in fitting up kitchen-ranges in the basement story; and we believe that an operating room could be provided, without much alteration of existing arrangements, at either end of the building. There is ample provision for a dispensary and out-patients' offices on the ground floor of the western side, and this, too, without at all interfering with the in-patient department. The wards of this wing are now entirely deserted, and the block of buildings is only occupied by four officers belonging to the present very limited staff, all of whom could be readily accommodated in the west wing. The quarter of the hospital (Queen Mary's) now offered is in every way unfit for the purposes of the Seamen's Hospital, and must, therefore, be declined. *The Times* remarks that there cannot be any doubt of the sincerity of the objections; and it is to be hoped "my Lords" will yet endorse the decision of Lord Derby, and enable the Seamen's Hospital Society to get to their terrestrial quarters at all events before the winter months begin.

THE PRINCESS OF WALES.

A RELAPSE, for which no exciting cause could be traced, took place towards the latter end of last week, and has served to check the progress of her Royal Highness towards recovery. The acute symptoms of this attack subsided under treatment in the course of a few days, leaving the joint, however, in a necessarily less satisfactory state than it presented previously. On Saturday last, during the attack, the Princess was seen by Mr. Cæsar Hawkins, serjeant-surgeon to the Queen, and Mr. G. D. Pollock, surgeon to the Prince of Wales, who consulted on this occasion with the surgeons in constant charge of the patient, Mr. James Paget and Mr. Prescott Hewett.

Our readers will hear with much regret of this recurrence of inflammation, the import of which as influencing the eventual duration of the illness they will readily understand. Under existing circumstances the attack, of course, signifies something much more serious than the mere loss of time—the four or five days, for instance, during which the acute action lasted. The source of anxiety lies in the fact itself that the joint malady has proved susceptible of relapse—that the gradual healing process has been rudely stopped by fresh inflammation with its attendant effusion, negativing at once the reparative changes which it had already taken several weeks to effect. We are glad to turn to the other and more cheerful side of the picture, and to notice several points of a satisfactory nature in her Royal Highness's condition. The character of the inflammation was unchanged, and its subsidence has left the patient in good general health and excellent spirits, without any febrile excitement. The position of the affected limb is perfect. With slight exception, the night's rest has latterly been very good indeed, natural sleep of many hours' continuance having been procured without assistance either from narcotics or the ideal "hop-bed" which has lately made the round of the journals. Need we add that, with an urgent necessity for the most absolute rest, the rumour respecting an approaching voyage by her Royal Highness to Denmark is quite apocryphal?

THE SMALL-POX HOSPITAL.

THE medical report of the Small-pox Hospital is a document of very great interest at any time, and more especially at present. Everywhere, and in all classes of society, we have lately been cognisant of the existence of a most unpleasant amount of small-pox, and the reputation of vaccination itself, as we have said before, has been imperilled. It is natural, therefore, that we should look with more than usual concern to the report which Dr. Munk and Mr. Marson have to give of their experience of small-pox in its special hospital. Briefly, the burden of their report is to this effect. We are passing, or have just passed through an epidemic of small-pox, which "in its duration and in the number of persons attacked, has greatly exceeded any former visitation within the memory of the present generation." This is anything but a pleasant announcement. But the details given amply justify it. As to the duration of the epidemic, it began in 1863. We are now well into 1867, and it is by no means over. The Registrar-General tells us that we are losing about forty people a week from small-pox. This lingering, if not growing, prevalence of the disease will be apparent from the following facts:—The epidemic commenced in November, 1862. In 1863 there were admitted into the hospital 1537 cases; in 1864, 836; in 1865, 1249; in 1866, 2069. It is satisfactory to know that the increase of the disease has not coincided with any increase in its mortality. There has been, on the contrary, a progressive decrease in the general mortality since 1851. In the sixteen years prior to December, 1851, the mortality was at the rate of 21 per cent. of the whole of the admissions. In 1863 the mortality had undergone a further decline, and was at the rate of 17 per cent. of the whole number of admissions. In 1866 the less mortality is still more marked, being at the rate of 13 per cent. of the admissions.

Such are the main features of the great eruptive epidemic of the last three years as illustrated in the cases at the hospital. The next point of greatest interest is the relation of vaccination to these facts.

It is satisfactory to know that there continues to be the most marked difference in the mortality between those who have been vaccinated and those who have not. And, by the way, let us say here that of 2069 cases admitted in 1866, more than a fifth (425) were unvaccinated persons. There has been, however, a gradual increase in the proportion of vaccinated patients, and to this circumstance the medical officers attribute the steady decline of the mortality. In the sixteen years before 1851 the proportion of vaccinated cases to the whole admissions was 53 per cent. In the epidemic of 1851–52 the proportion was 66·7 per cent.; in that of 1854–56, 71·2 per cent.; of 1859–60, 78 per cent.; of 1863–66, 81 per cent. This steady increase of vaccinated cases may be accepted as proof of a considerable extension of vaccination in the community, but of such a degree or mode of vaccination as suffices only to mitigate the disease, not to prevent it. For all experience goes to show that, while vaccination may be so practised and repeated as to make the protection absolute, the ordinary slight vaccination which has been the custom of English practitioners is only a limited protection, either in point of time or amount. It follows, however, from the report, that even the present imperfect vaccination is a most powerful agent in reducing the mortality from small-pox. The mortality of vaccinated cases was only 6·7 per cent., while that of unvaccinated cases was 35 per cent. It remains to be seen whether there is wisdom enough in our statesmen to secure a more perfect vaccination, including a revaccination of the community, which shall give to it what is enjoyed by the very nurses of the Small-pox Hospital—an absolute immunity from the disease. Of the 2069 cases admitted, 32 were not small-pox, showing the liability to an occasional error of diagnosis.

A FRACTURE AND A FEAT.

IT is sometimes a fine question either for purposes of diagnosis or in a medico-legal point of view to determine what could be done by a person who had sustained a fracture of an important bone. If anybody had said in an English court of law prior to the issue of our present number that a man with a fracture of the femur at the upper third, virtually alone in a deep ravine, could without assistance get out of the ravine

and make his way to a house a mile distant, though a fence intervened, he would have been considered a witness of doubtful value. But this feat has been accomplished, and the details of it make a most wonderful narrative in the *Pacific Medical and Surgical Journal* for February, 1867. The facts are so marvellous that but for the circumstantial relation of them in a respectable medical periodical we should have rejected the whole story. The particulars are briefly these:—Two gentlemen of San Francisco riding in a carriage fell into a precipitous ravine twenty feet in depth. One of them, the hero of the feat we are about to describe, Mr. Gardner, found himself on his back, with his left thigh fractured, and the wheel of the carriage resting on him. His comrade lay insensible at his side. This was on Wednesday evening at nine o'clock. Cries for help brought none. Mr. Gardner lay till Friday morning in this position and without assistance. Despairing of relief otherwise, with a desperate effort he climbed the side of the ravine opposite that on which he had fallen, and which was the less precipitous. This he did on his back, lifting his body with his hands and elbows, and pushing it onwards by means of the sound heel. Having gained the bank he saw the roof of a house nearly a mile distant. His chance of relief consisted in reaching this house. On Sunday morning, having spent two days and nights in travelling, he came to a fence, which seemed at first such an insuperable obstacle that he abandoned all hope and resigned himself to death. But seeing a small "squash" through the fence he was roused to another effort, and succeeded in loosening one of the posts and lifting it out so as to leave an opening through which he dragged himself.

"He was now within a hundred yards of the house, but his voice was too faint to be heard at that distance. The squash was however accessible, and when he had brought it almost within his grasp he was observed by some persons who chanced to be walking through the garden and who came to his relief."

"It was now noon on Sunday." From noon of Wednesday Mr. Gardner had been without food or drink. His one luxury was a cigar. He had a package of tobacco in his pocket; but fearing that in his hunger he might be tempted to eat it, he threw it away from him. He thinks he did not sleep a moment; but this is very doubtful. He suffered much from the heat of the sun by day, and the glare of the moon by night. He preserved his consciousness. Being an inveterate teetotaler, he declined to take the brandy which was offered to him. And he very wisely took both drink and food at first very sparingly. He was carried to the farmhouse and placed under surgical care; and he recovered without an unpleasant symptom, and with only a shortened limb. Mr. Gardner is described as of medium stature and spare figure, and of sturdy constitution; unmarried, and twenty-five years old. Assistance was quickly sent to the comrade of Mr. Gardner, who was found insensible, and who died the following night.

Whether we regard the prolonged starvation or the locomotion in this case, it must be considered full of interest, and all but incredibly marvellous. Our teetotal friends will, doubtless, make a little capital out of it.

THE EPIDEMIC OF CHOLERA IN THE GENERAL POST OFFICE.

THE Report of the medical officer of the General Post Office, Dr. Waller Lewis, on the influence of the recent outbreak of cholera upon the men employed in that establishment, shows a degree of immunity from the disease amongst the letter-carriers and others employed in the so-called minor branch which is little in accordance with the presumed exposure of these men to the effects of the epidemic from the nature of their duties. A like immunity was also observed amongst the same class of men during the outbreaks of 1848–49 and 1853–54. Not a single death from, or case of, cholera occurred in the minor establishment last year. Amongst 1325 men attached to the Central Office, there were during the two months of chief activity of the epidemic 572 cases of illness of various kinds, and of these 262 were caused by diarrhœa, or nearly 50 per cent. of the sick, and about 20 per cent. of the entire force. The cases of diarrhœa were not, moreover, of an ordinary character. They differed from the common summer and autumn diarrhœa in their obstinacy to treatment, although the patient discontinued his duties and the recumbent position was insisted on. The men, indeed, although they escaped from the graver effects of the epidemic, suffered clearly from it in a milder form, and it is instructive to ascertain in what manner this immunity was secured. This would appear to be mainly due to the admirable precautionary measures adopted by Dr. Waller Lewis.

First, the men were instructed as to what to do by printed notices, and by personal addresses given to detachments of them by Dr. Waller Lewis. Next, to obviate a too large use of doubtful water, or of beer or other spirituous fluids, as well as to act as a prophylactic, a pleasant drink of sulphuric acid, largely diluted, sweetened with syrup, and flavoured with orange, was prepared, and distributed freely among the men. This drink was designated "sulphuric-acid orangeade," and was kept in store at all the central offices during the outbreak. Finally, each man was provided with an aromatic astringent mixture—consisting of laudanum, tinctures of ginger and catechu, sesquicarbonate of ammonia, aromatic confection, and cassia water—for immediate use at home for himself and family, in the event of diarrhœa occurring, until a doctor could be procured. Each man also was supplied with a small quantity of confection of opium, wrapped in oiled silk and tinfoil, and carried in the pocket on his beat. If while pursuing his duties the bowels were disturbed, he was instructed to take a piece of this confection, repeating the dose, if necessary, every hour or two until the astringent mixture or medical aid could be obtained.

SCARLET FEVER AT HARROW.

THE outbreak of scarlatina at Harrow has been more extensive than is generally supposed. The first case appeared on March 3rd, and between that date and April 7th there occurred fifty-nine cases. The type of the complaint was of the mildest character possible. In many of the cases the disease was ushered in by faintness, or giddiness, or a feeling of weakness; in some, slight shivering and headache were complained of; but in a large proportion there was an entire absence of any feeling of illness. In almost all the cases there was an absence of sore-throat or glandular enlargement, though an inspection revealed a deep blush on the fauces and a slight tumefaction of the tonsils. Although the greater number of the cases were of a mild character, some exhibited symptoms of considerable constitutional disturbance, as evidenced by drowsiness, &c.; and in all, the attack was marked by the characteristic rash, lasting from two to four days, and followed in many cases by the ordinary desquamation of the cuticle. There are about twenty convalescents at present in the sanatorium. On the whole, therefore, the disease has assumed a mild form; and we are glad to be able so far to quiet public uneasiness as to its severity.

THE DOG-TAX AND HYDROPHOBIA.

PERCHANCE the executive may think it worth while to look well, as it ought to do, to the effect of the vigorous enforcement of the five-shilling Dog-tax. It is asserted that it has already given evidence of what we may fairly anticipate—a rapid increase in the number of homeless and masterless dogs loose about the streets—a sight the significance of which is well known to Eastern travellers. This is not only a nuisance and a cruelty, but must certainly result in danger to society. It may be regarded as an experiment unintentionally devised by the wisdom of the Legislature, and of which the chief object

is to determine the possibility of developing a little more hydrophobia amongst us. We may say at once that this is not needful, for the experience of continental cities is amply sufficient to warn us of our error, and to teach us that dogs which roam about uncared for, in an uncleanly and diseased state, cadging an occasional meal, and living consequently on foul and scanty food, are in the best possible condition for the development of the horrible *rabies canina*, and to transmit the disease through others of its species to man. The interests of society unquestionably demand that, in addition to a sharp look-out on the part of the tax-gatherer, the police should have authority and precise instructions to take possession of all unowned dogs, and at once destroy them; otherwise we shall have cause to lament over incomplete legislation, when the events of the ensuing summer are placed on record, and the bills of mortality for the year appear in print.

THE UNIVERSITY OF LONDON.

THE recently published Calendar of the University of London for 1867 gives a table of the numbers of candidates at each examination since the foundation of the University, together with the numbers of those who have been successful, which is not without interest to the medical profession.

Taking the Matriculation Examination (which is the door of entry to all degrees) first, we find that in the twenty years from 1838 to 1858, of 3408 candidates, 2955 passed, or nearly 97 per cent.; whilst last year, of 641 candidates, only 334 were successful, or little more than 52 per cent. This gives some notion of the extent to which the Matriculation Examination has been gradually "screwed up;" since it is notorious that much greater pains are taken in preparing candidates for the ordeal now than in former years.

The same "excelsior" tendency is visible in some of the medical, no less than in the arts and legal examinations. Thus, during twenty years, of 754 candidates for the First M.B. Examination, 551 passed, or 73 per cent.; whilst last year, of 37 candidates, only 22 passed, or 59 per cent. At the Second M.B. Examination, however, the converse holds good; since in the twenty years 85 per cent. passed, whilst last year 92·5 per cent. were successful, or 25 out of 27. Even this high figure of merit was exceeded during the three years preceding, when there was but a single unsuccessful candidate on each occasion.

The Preliminary Scientific Examination for medical degrees dates back only six years, and it happens that the number of candidates in the first and last years was the same—namely, 90: of these, in 1861, 58 passed; whilst in 1866, 54 were successful. The highest degrees, however, are by no means free from "plucks;" for of 14 candidates for the M.D. last year, only 11 attained the Doctorate; and of 5 candidates for the Mastership in Surgery, only 3 succeeded. The Bachelors of Surgery were on their first trial last year, and were therefore perhaps let off mercifully, for we notice that all four candidates passed.

The moral seems to be that a rapid process of elimination goes on among those who enter for academical honours, and that the pace is too killing for any but first-rate horses to live in the race.

COLLES' FRACTURE.

THERE are few fractures which have given medical men more trouble and less satisfaction than Colles' fracture, or fracture of the lower end of the radius. An interesting paper on the subject appears in the *New York Medical Journal* for February, 1867, by Dr. John Packard. Dr. Packard, in this and similar papers on other fractures, argues mainly on anatomical and mechanical facts, at the same time recognising the value of clinical ones. He has succeeded in producing the fracture in the dead subject. His experiments concur with the most careful observation of specimens of the fracture produced in the ordinary way in proving that the fracture which happens is almost invariably a transverse one.

Another American surgeon, Dr. Hamilton, has written lucidly upon this difficult fracture. He accepts Vollemier's observations as proving that the fracture is almost uniformly transverse from the palmar to the dorsal surfaces of the bone, and only occasionally slightly oblique in its other diameter, or from the radial to the ulnar side. In the great majority of Hamilton's cases—seventy-five out of eighty—the fracture was within from half an inch to an inch and a half of the articular surface.

In the so-called Colles' fracture, the lower and outer border of the radius, or its styloid apophysis, is swung around or tilted, as it were, upon the ulna; the lower and inner border of the same fragment being retained in place by the radio-ulnar ligaments, which do not usually suffer a complete disruption, but only a stretching or partial laceration. The upper or broken margin of the lower fragment, and also the ulnar margin, undergo very little displacement; while the lower or articular surface and the radial margin are carried backwards, upwards, and outwards.

Hamilton reprobates in ordinary cases the practice of violent extension of the wrist with the false notion of reducing an overlapping which does not exist. This is to add sprain to fracture. He thinks the great difficulty of treatment is for the first seven or ten days to prevent and control inflammation of the articular and tendinous structures; while the retention of the fragments in place, when once reduced, is comparatively easy and unimportant. There is still great diversity of opinion as to the best splints in this fracture. The frequency of remaining stiffness or deformity, even in the best practice, is great. Only eighteen out of eighty of Hamilton's cases were known to have left no deformity or stiffness about the joint. Dr. Packard attaches great importance to the retention of bandages, splints, and compresses for six weeks, if not a longer time. There can be no absolute rule laid down; and in old or rheumatic subjects this, in our opinion, would be to favour stiffness.

THE DANGER OF THE DAY.

ONE of the extraordinary risks to which members of the medical profession are occasionally exposed was illustrated last week in an investigation at the Epping Petty Sessions. Mr. Saunders, surgeon, residing at Chigwell, was charged by a person named Harrison, wife of the station master of Chigwell-road, with having committed a rape upon her in her own house. The circumstances were of a more than usually improbable character, which may possibly be an explanation for their detail with the extraordinary minuteness set forth in the charge. The novel features of the case rested in the fact that the husband was in the house at the time of the alleged offence, and introduced the surgeon to his wife's room, who, the moment he was alone with the woman, without warning or solicitation of any kind, as it was alleged, attempted and accomplished the offence complained of. The prosecutrix stated that she screamed loudly; that her servant at length came up, when the defendant desisted. The woman's husband appeared to remain passive, or to evince a stoical indifference in the matter. The outraged Mrs. Harrison visited Mr. Saunders's house, complained to his wife, had no terms of compromise offered, and thence proceeded to the magistrate for a warrant. On the public investigation, her story broke down from its own inherent weakness; while the conduct of the wretched woman, whose previous career had been one of infamy, evinced itself in so unequivocal a light, that her counsel, Mr. Sleigh, whose stern discharge of even the most unpleasant duty is a matter of notoriety, deemed it incumbent upon him to withdraw from the prosecution rather than appear to lend the weight of his reputation and justly high professional character to support a charge to which he

attached no credit. Mr. Sleigh did more than this. He withdrew from the case with such observations as, coming from counsel of his experience, must be in the highest degree gratifying to Mr. Saunders and assuring to his friends. The magistrates presiding adopted Mr. Sleigh's views, and dismissed the charge, assuring Mr. Saunders that he left the court with, in their estimation, an unstained character.

All this is both painful and disgusting. It is not a charge for the first time advanced, to be, after an *exposé*, refuted. Such charges are unfortunately too common whenever reckless, unprincipled women get the chance of preferring them with the faintest shadow of success. A man with nerves less firm than those of Mr. Saunders might have attempted a compromise. In meeting the charge, he has vindicated his own reputation, and we are satisfied he will find in the sympathy of many friends abundant consolation for the inconvenience and unpleasantness he has sustained.

THE EPIDEMIOLOGICAL SOCIETY.

DR. MACPHERSON'S paper on the "Early Seats of Cholera in India and in the East, with reference to the past and the present," read before the Epidemiological Society at the last meeting, was of remarkable interest. Very learnedly and with much elaboration the author of "Cholera in its Home" discusses the early history of Asiatic cholera. He traced the disease in India back to 1563, two centuries earlier than the date commonly accepted—to the time, indeed, when Europeans first began to write of the maladies of that country, recognising and describing its symptoms by names not yet extinct. He showed that as far back as 1633, cholera was widely diffused in India, and that it then prevailed also in Java, in Arabia, and in Morocco. He showed also that the seats of cholera described in the oldest accounts are seats of cholera at the present day. There would appear to have been a period of quiescence of the disease in the early part of the eighteenth century; then a great outburst after 1756, which lasted about thirty years, and was followed by a period of comparative quiescence till 1817.

Dr. Macpherson proved that the extravagant importance which has been attached to the Gangetic Delta as a generator of cholera was not warranted by the facts. Historically, he states, Bengal is the part of India in which accounts of the very early prevalence of cholera have not been discovered.

The frequent prevalence of cholera in Persia or the Persian Gulf, and in Arabia, and its occasional occurrence in the Red Sea, Dr. Macpherson maintained, would render measures of quarantine in the Red Sea, such as those suggested by the International Congress, futile.

Further, he indicated the absurdity of a French notion, which was prominently brought forward at the Conference, that cholera is the result of the neglect of public works in India by England.

Mr. J. Netten Radcliffe read a paper at the same meeting on the "Propagation of Cholera by Water as a Medium, with special reference to the Outbreak at Theydon Bois in 1865." The discussion of this paper was postponed until the next meeting of the Society.

THE POPULATION OF FRANCE.

AT the meeting of the French Academy of Medicine, held on the 18th of March, M. Broca referred to the statements recently made in reference to the influence of bad alimentation and hygiene as a cause of national decay. He observed that if it be true that the supposed degeneration of race was due to "bad physical education" of infants, it would be needful to show that the children in former times were in a better condition. And this was disproved by statistics. M. Broca gave a table showing the mortality of infants under one year since the commencement of the present century, which showed that the per-centage has been gradually diminishing: from 1806 to 1809 it was 22·721 per cent.; from 1860 to 1864, 17·638 per cent.

In reference to the assertion that it has been necessary to alter the standard measurement to which recruits must answer before admission into the army, and that this shows that the *physique* of the people is not so developed as formerly, M. Broca observes that there is now only a difference of a centimètre between the standards of the present and former times; and that the alteration is really due to the fact that the changes in the armament of the soldier allow of the present reduction. Other reasons are given to explain the pretended diminution in the stature of the people: for example, the abuse of alcoholic drinks, tobacco, and the forced celibacy of soldiers, so that the race of the small folk is perpetuated in comparatively greater amount.

The diminution in the fecundity of marriage has been noticed as another sign of the decay; and it is quite true that at the end of the last century the number of children per marriage was four as against three and a fraction at the present time. There is, therefore, a diminution clearly in the fecundity of marriage; and this, M. Broca thinks, is to be accounted for partly as "the consequence of a law that has been formularised by economists," which implies a certain prudence on the part of fathers of families; and partly in consequence of late marriages. Nevertheless, though the relative number has diminished, the absolute amount has greatly increased, as shown by the fact that, in 1866, the population consisted of 37,390,037 people, as against 27,349,003 in the early part of this century.

THE PRINCE IMPERIAL.

THE reports as to the health of the Prince Imperial, who is under the care of MM. Nélaton and Barthez, are conflicting. Great anxiety is entertained at Court in consequence of the successive breaking out of two large abscesses, the development of which would seem to have been favoured by some constitutional condition, and to betoken the probable existence of a diseased state of the thigh-bone. The absence of the Prince Imperial at the opening ceremony of the Exhibition only tended to increase the anxiety of the public.

THE syndicate to whom the charge of the Museums of Natural Science at Cambridge are entrusted have just made their first annual report to the Senate, which is satisfactory. Many additions have been made, among which are the valuable and interesting ornithological collection of the late H. E. Strickland, Esq., F.R.S., presented by his widow; and the select and illustrative collection of recent and fossil shells found by the late Dr. S. T. Woodward, purchased and presented to the University by some of its members. In the Anatomical Museums there has been much activity shown in adding specimens, writing catalogues, &c. A student's laboratory has been fitted up in the chemical department, which answers its purpose well. A commodious dissecting-room has been provided, and good opportunities are here afforded for the study of practical anatomy.

WE are in a position to state that Lord Derby is now convalescent from his recent attack of gout, and indeed able to be about the house. As the public are somewhat anxious on the subject, they will learn with satisfaction that during the last year his Lordship has been more than usually free from illness, and indeed has escaped confinement to bed from the periodic attacks to which he was subject.

AT the meeting of the Council of the Medical Society of London held on Friday, April 5th, Mr. Henry Smith, the president, read a letter from Mr. Baker Brown resigning his membership of the Society. After a resolution to the effect

that it be accepted had been proposed and seconded, some discussion took place on the subject, and finally it was resolved, *nem. con.*, that the letter should be allowed to lie on the table until the next meeting.

THE ROYAL COLLEGE OF PHYSICIANS.

A LECTURE was delivered in this College on the 29th ult., by Dr. Burdon-Sanderson, "On the Mode and Duration of the Contraction of the Heart in Health and Disease."

The main purpose of the lecture was to elucidate the relation between the form of the arterial pulse as revealed by the sphygmograph and the movements of the heart in health and disease.

In every arterial pulsation four events may be distinguished.

I. *The sudden or primary expansion of the artery.*—It was shown that the primary expansion does not express an increase in the quantity of blood contained in the artery, but is due to a sudden jerking forwards of the particles of liquid, and is, therefore, of the nature of a commotion or shock in which each particle communicates its movement to its neighbour.

II. *The more gradual distension of the artery by impletion.*—The moment of greatest impletion occurs at a variable interval never exceeding a fifth of a second after the primary expansion. The time at which it occurs, and the degree in which it is marked, depend on the quantity of blood transmitted by the contracting heart to the artery.

III. *The sudden collapse of the arterial wall.*—This is a movement of the same nature and produced in the same way as the primary expansion—that is to say, by a sudden impulse of the particles of liquid contained in the arterial system in a direction towards the heart, the effect of which depends, not on its extent, but its velocity.

IV. The fourth event constitutes *the diastolic expansion or second beat*, the distinctness of which in certain morbid states gives to the pulse the character known as dicrotism. The explanation given by the lecturer of this phenomenon may be shortly stated as follows:—The injection of blood into an artery during the systole of the heart produces two effects therein, both of which are limited to the period of contraction—viz., (*a*) distension of the walls of the arteries, and (*b*) increase of the pressure of the blood against its internal surface. Of these two effects the former is directly proportionate to the *elastic yieldingness* of the artery, the latter inversely proportionate to this property—that is, the more elastic the artery the more is its area increased during the ventricular systole, and the less the augmentation of blood-pressure. According as the one or the other of these effects is in excess the pulse assumes different forms. If *a* predominates, the collapse of the artery at the close of systole is complete, and is followed by no appreciable reaction. If *b*, the pulse is dicrotous. If the two are balanced, the pulse is normal. This implies that in the normal state of the circulation the force of the heart is only partly expended (as regards the arteries) in carrying on the circulation during the period of systole, the remainder of the force being thrown into reserve to be used in maintaining the flow of blood after the heart itself has ceased to act.

In accordance with this principle diseased pulses may be classified on either side of the normal as follows:—

1. Pulses of which the characters indicate that the arterial blood-tension produced during systole is less than natural, and consequently that the resistance is diminished and the duration of the systole shortened. These effects may be due either to diminution of the quantity of blood discharged by the heart at each stroke (mitral disease, spanæmia), or to an increased susceptibility of the heart to stimuli, whereby the ventricle contracts *too soon*, that is before it has received a sufficient supply of blood from the veins. This state of the heart characterises what may be properly designated as the nervous pulse, or the pulse of emotion. Here, as before, the quantity discharged is unnaturally small.

2. Pulses of which the characters indicate that the blood-pressure produced in the arteries during the contraction of the heart is excessive; and that in consequence of increased arterial resistance the ventricular systole is prolonged.

Under this head three distinct forms of pulse are comprised—viz.:

1st. The hyperdynamic pulse. This form, which arises from increased resistance dependent on structural changes in the arteries or their capillary terminations, indicates that during the contraction of the heart the arterial system is *over-distended*. In such a pulse the curve which indicates the systolic distension is boldly projected, while the diastolic reaction is comparatively feeble.

2nd. The senile pulse, or pulse of inelastic arteries, which differs from the preceding mainly in the complete absence of diastolic reaction.

3rd. Adynamic pulse of continued fever. Here the systole is prolonged, not because the resistance is too great, but because the heart is too weak for its work. The arteries are comparatively empty, and, consequently, their elastic yieldingness is in excess. Hence the diastolic reaction is unnaturally great, and the pulse becomes sensibly double, the second beat being often quite as distinct as the first.

In conclusion, the lecturer remarked that the form of pulse to which he attributed the most practical significance was that to which he had ventured to assign the term "hyperdynamie;" for the structural changes in the arteries and arterial capillaries, of which it afforded unquestionably the earliest indication, were of the gravest importance, not only with respect to prognosis, but in their bearing on the estimation of the expectation of life.

The lecture was illustrated by sphygmographic tracings on glass, which were exhibited by means of the oxycalcium light.

GREAT INTERNATIONAL EXHIBITION OF PARIS.

(FROM OUR OWN CORRESPONDENT.)

A General View of the Palace; its Interior Arrangements and Appearance; its Sanitary Conditions.

Before I commence the technical description of such portions of the Exhibition as may be of special interest to the profession, it may be well to enter into some details, written under the impression of a first visit to the place, and which may not only prove of interest to such of your readers as may not cross the Channel, but may be of use to those whom the innumerable attractions of this great display may bring over to this city. These details may furthermore be necessary to make my future communications better understood.

Whereas the Exhibition of 1862 occupied an area of only 95,000 metres, the present one stretches over a space of 144,000 metres, thus having an advantage of 50,000 metres over its predecessor. Its *quasi*-circular form gives it a *bizarre* appearance, and has caused it to be compared to an immense gasometer. We must confess that there is nothing imposing or peculiarly beautiful in its general aspect. Built mostly of glass and iron, it has yet nothing of the grace and airiness of the Crystal Palace; nor does it present in its *ensemble* any of those grand architectural lines which strike one with wonder or pleasure. Whilst giving all due credit to the architects, who have admirably embodied in the present edifice the most ingenious plan which has yet been conceived for a most complete exhibition of international products, we cannot but regret that they should not have endeavoured to adorn it with some outward signs of grace and beauty, combining thus the *utile cum dulce*. The only detail, in fact, which adds some liveliness to the too manufactorial and uniform aspect of the iron-ribbed building, with its coating of grey and its brown roof, consists in tall masts which go round the dome, bearing at their centres the escutcheons of the principal manufacturing towns of all countries, and at their tops the flags of the different nations whose products they cover. Around the palace, however, extends a fine park, drawn out in the English style, and in which a thousand things may be found to charm the sight and awaken the curiosity of the visitors.

As we enter the Exhibition, and before we proceed on our round, it becomes necessary to describe in a few lines the general idea which has presided over its construction, and which reflects the highest credit on its author—M. le Play. It will at once explain the peculiar form adopted for the edifice, and serve as a key to the whole of its interior arrangements. It consists of a system of classification very methodical, simple, and complete, and which may well be assumed to bring together the products of a similar nature contributed by different countries, so as to enable us to compare them at a glance, and thus realise one of the principal benefits of a universal exhibition, and at the same time preserve to the productions

of each country their national character. The present Exhibition has been entirely erected on this principle; and if we have criticised the want of architectural splendour in its external aspect, and may yet have occasion to disapprove of some of its interior arrangements, we must at once give unlimited praise to the engineers and architects—Messrs. Krantz, Duval, and Hardy—for the most ingenious way in which they have worked out and embodied this presiding idea. Pursuing this plan, they have drawn out immense continuous galleries, one within another, and calculated to contain groups of similar products. These galleries are in turn intersected by other lines or roadways, which radiate from the centre, or at least from the innermost circle to the outermost one, thus dividing the whole space into so many sections. So that a visitor who entered one of the galleries and walked round it would return to his starting-point after having seen all the products of a similar nature exhibited by the different nations of the world (for instance, clothing, or machinery, &c., according to the particular group); whereas if he betake himself to one of the radiating roadways, and follow it from one end to the other, he will pass through fragments of the collective display of one and the same country. Not only is this plan most simple and convenient, but at the same time, had it been strictly and simply followed out, it would have given to the interior arrangements a very grand and lofty aspect. Unfortunately, this has been marred here and there, and particularly in the French and German departments, by other arrangements adopted by particular committees. Instead of allowing their full sweep of view to the galleries, at least in height, and of simply placing on either side the exhibited products belonging to the same class, the committees have allowed contributors or groups of contributors to construct, with a view to individual convenience or to elegance of effect, so many courts or halls, varying in size and form, and the partitionings of which go more or less up to the ceiling; so that the general effect is entirely destroyed, and in some places we fall on an assemblage of shops. The appearance of the great gallery, consecrated to the processes of the useful arts, as well as of the English department, shows what a magnificent aspect the whole of the interior arrangements would have assumed but for the particular interference I have mentioned. If I insist on this point it is not merely in an æsthetical point of view, and for the sake of the general convenience, but because the construction of these courts has created unfavourable hygienic conditions, as we shall presently see.

I have said that the great circular galleries were designed to contain groups of similar products. The classification of these groups is founded on a philosophical plan, which is at the same time extremely practical, and will constitute one of the best features of this Exhibition. It rests on the idea of the fundamental and progressive wants of man, physical and intellectual: food, clothing, dwelling, the fine arts, &c., embodied in the ten following groups:—1. Fine arts. 2. Materials and application of the liberal arts. 3. Furniture and other objects in connexion with dwelling. 4. Clothing and other articles carried about the person. 5. Raw products belonging to different kinds of industry, in their different stages of elaboration. 6. Instruments belonging to, and processes of, the useful arts. 7. Substances used for food (natural or preserved), exhibited in different stages of elaboration or cooking. 8. Living products and specimens of agricultural establishments. 9. Living products and specimens of horticultural establishments. 10. Objects exhibited with a view to ameliorate the physical and moral condition of the working man. I have followed, in this enumeration, the material order in which the various products are arranged in the different galleries as we proceed from the innermost gallery—that of the fine arts—to the others, which gradually increase in size. The 8th and 9th groups, and many objects in connexion with the 6th and 10th groups, are exhibited in the park.

Moreover, the central space, which is encircled by the picture gallery, has been converted into a garden, planted out with shrubs and embellished with fountains, where the tired visitor may go and breathe a purer and more genial atmosphere. A large awning has been spread under the glass roof, and this, joined to the play of the waters, will mitigate the heat of the summer sun. Around this garden is a portico devoted to the exhibition of the history of labour. This part of the exhibition (which is, I believe, a novelty) therefore bears an archæological character, and contain tools, ornaments, &c., of all descriptions, from the remotest ages, and destined to constitute in themselves a history of handicraft.

In the general *coup d'œil* of a first visit to this immense industrial palace I must of course content myself with noticing the most striking points and mentioning anything curious or novel, leaving out all details for future letters. Thus, the second gallery, in which we meet with the chief display of our art, contains numerous ambulances, both civil and military, destined to exemplify the progress which has been made in this particular line, and exhibited by the International Association, which has been recently formed for administering to the necessities of the wounded on the field of battle. Passing rapidly through the intervening galleries we come to the sixth, which is remarkable amongst other things for its magnitude: whereas the other galleries measure in height an average of only seven metres, the one in which we stand and which strikes us with its splendid appearance, measures twenty-five metres in height and thirty-five in breadth. It will be one of the most frequented of the Exhibition, on account of the very interesting nature of its display. Here will be seen in full play a whole world of machinery. Beside those machines, formidable or ingenious, so varied in form and nature, which have given such power and activity to modern industry, the Imperial commissioners have been happily inspired with the idea of exhibiting, as it were in contrast, industrial processes the minuteness or delicacy of which still requires the hand of man. In the midst of the gallery, and extending along its whole length, arises a platform or *promenoir*, from which the visitor is enabled to obtain a complete view of this most interesting spectacle.

The seventh gallery, devoted to "Food exhibited in its different degrees of preparation or cooking," also presents a peculiarity which is worthy to be noticed. Built against the palace and facing the park, it forms a marquee which affords a sheltered walk all round the Exhibition. It is occupied especially by restaurants, coffee-houses, beer-houses, &c., which, by a happy innovation, are considered as forming part of the Exhibition, and where the alimentary products of all countries may be sold. The difficulty of preserving certain articles of food, or of testing them while in a fresh state, constituted a great inconvenience in the alimentary departments of former Exhibitions. By the present ingenious plan this difficulty has been overcome, at least in a great measure. Articles of food will be daily tasted and judged of at the Exhibition, not only by the jurors, but by the public, and such of the exhibitors as have not a shop or restaurant can easily come to an understanding with the retailers for the degustation of their products. Thus, not only in a gastronomic but also in a hygienic point of view, one may pass in review the different modes of cookery and the favourite national dishes of various countries, and, without any disturbance, unless possibly to his stomach, breakfast in Spain, lunch in England, dine in Russia, and sup in France, without leaving the Exhibition.

The 10th group—an addition, I believe, to former Exhibitions—will be worthy of our best attention. It denotes a most liberal and philanthropic spirit on the part of its promoters, and will constitute, I believe, one of the most remarkable and lasting features of the present Exhibition. It affects the individual, the working man, in his moral and physical existence; and unites all the elements, theoretical and practical, of this twofold problem. Establishment of schools; models of schools; systems of education; libraries for the people, in schools, or in workshops, or at home; food, clothing, furniture, and dwellings, remarkable for combining advantages of cheapness and solidity with good hygienic conditions and comfort, &c. Besides this, and in a different order, but bearing out the same idea, there is "a methodical collection of products manufactured by artisans working on their own account, either alone or with the help of their family or an apprentice, and remarkable for novelty, perfection, or for the useful influence which this work exercises on the moral and physical condition of the people;" also of "instruments and processes habitually employed by mechanics working on their own account, or specially adapted to the convenience of work executed by the family, at home:" an attempt, as it were, to avert the evil consequences which result from the system of factories and the dispersion of families. In a word, this group involves all the great social questions of the day. At the same time it calls forth the most important applications of hygiene; and the part of the medical man here becomes pre-eminent. This portion of the Exhibition will therefore be of peculiar interest to the profession, and will furnish much matter for my future communications.

So far as I could see on a first visit, necessarily very rapid, I may venture to say that England's industrial display bids fair to be worthy of the high position which she occupies amongst nations. In the 6th gallery particularly, she already

manifests all her industrial genius, and her peculiar aptitude for mechanical invention. The space which is here allotted to her is so crammed with machinery that I literally found it impossible to get through it. There is one thing also, to which I have already alluded, which speaks strongly for the good taste and good sense of those who have been entrusted with the organisation of this department, and that is, that they have not adopted the system of dividing it into so many ungainly courts and halls. The general aspect has not therefore been spoiled; the whole effect is very grand; and, what is more, this arrangement must place the whole English department in excellent sanitary condition. In going through this portion, I looked curiously about me in the hope of obtaining a glimpse of something more especially connected with the medical art, but could only light on one case containing some surgical appliances, another covering osteological preparations, and further on some alimentary specimens sent from the colonies. I cannot compliment Brother Jonathan (our next-door neighbour) on the general style of decoration which he has adopted for his department; it is rather flimsy, and looks more like a village theatre or a paper-hanger's warehouse than anything else. Russia, on the contrary, makes a very fine and picturesque appearance; it consists simply of varnished wood, but very daintily carved and prettily arranged. Persia, China, Turkey, &c., make a picturesque corner, got up in Oriental style, and with quite a *couleur locale*. The French occupy half of the entire edifice, and I need not say that their display will be very brilliant. Austria, Prussia, Germany, and Switzerland have penned themselves up in a thousand little courts; so *passons*—we have not time enough just now to venture into this labyrinth.

I shall now conclude with some details concerning the sanitary arrangements of the buildings, mentioning beforehand that I have drawn my principal information on the subject from an able article published in the *Figaro* by M. de l'Aunay, who seems to be admirably *au courant* of everything connected with the Exhibition. In order to ventilate so considerable a surface it was necessary to have recourse to artificial means. Beneath the radiating roadways which I have described, and which are sixteen in number, are situated sixteen ventilating galleries. Beneath the three circular galleries, consecrated to clothing, furniture, and the liberal arts, are also as many subterranean galleries. The vaults of these latter present numerous openings, closed by means of wood gratings. The air, introduced into eight of the subterranean radiating roadways by means of powerful ventilators, spreads into the circular galleries and thence through the gratings into the Palace. The vitiated air escapes through the skylights as the pure and fresh air issues from the vaults. It has been calculated that 25,000 persons will constantly occupy the central part of the palace, and the ventilators are made to propel 250,000 metres of respirable air. This plan was very simple, and would have answered all the purposes of good ventilation, but the engineers could not, or did not, reckon upon the mode of construction of the innumerable courts, which I have already criticized, and the walls of which, going more or less up to the ceiling, disturb the equal distribution of air; so that in some places the fresh air will issue forth from the vaults with a power altogether disproportionate to the room, whilst in others the vitiated air will never be renewed at all. According to this system of division into enclosed courts, there should exist in the centre of each one an opening for the entrance of fresh air. But it is too late to put this into practice, and as a necessary consequence, the whole building is, in this respect, in bad sanitary condition.

But this is not the only evil consequence which the faulty construction of these courts is destined to entail. As they all vary in size, so will the temperature vary in each. And we may even now foresee the whole tribe of pathological phenomena dependent on too sudden and frequent changes of temperature. The galleries themselves (save the sixth) seem to me to be rather low; and although awnings have been spread beneath the ceiling to temper both the glare and the heat of the day, it is to be feared that the rays of a summer sun striking on the glass roof will make very warm work of it to the crowds of visitors below.

The committee have taken all necessary precautions in case of accident or illness amongst the *personnel* of the Exhibition or the visitors. A medical service has been organised, consisting of thirty-six medical men, and at the head of which is M. Gosselin, the distinguished clinical professor of La Pitié.

A veterinary service has also been organised on account of the cattle which will figure in the agricultural establishments.

I intended to conclude this letter with a sketch of the park, which is well worth a description, on account of the numerous attractions which have there been accumulated, but through want of space must postpone this subject to my next letter.

Paris, April 9th, 1867.

LONDON FEVER HOSPITAL.

THE Report of the Committee of Management on the medical history of this hospital during the year 1866, states that 3577 patients were admitted, of whom 2897 were suffering from true specific fevers, and 90 from cholera, while in the remaining 590 cases the febrile symptoms were the result of local disease. The total number of admissions since the establishment of the hospital in 1802 has reached the large aggregate of 47,601, and nearly one-third of these have taken place in the last five years, in consequence of the great prevalence of typhus and enteric fevers in London. The Registrar-General's Return shows that the metropolitan deaths from typhus and infantile fever rose from 1754 in 1861, to 3635 in 1862, falling to 2892 in 1863, then rising again in 1864 to 3689, and declining in 1865 and 1866 to 3232 and 2681. From both these kinds of fever the admissions to the Fever Hospital were falling off last autumn, but the record of localities whence the patients were brought shows that the epidemic was then more generally distributed throughout the metropolis than it was at its commencement. Unless any unfavourable climatic conditions arise it may be hoped that the effect of the sanitary measures which the late cholera epidemic induced will be apparent in the decline of fevers and other diseases favoured by proximity to dirt and unwholesomeness. Overcrowding and destitution fill the fever wards of our hospitals, and it would be true philanthropy as well as sound economy to remove as far as possible causes which work so much mischief among the masses of the labouring population.

The hospital mortality rate from all causes was 17·98 per cent.; but deducting cholera cases and others moribund on admission, the mortality among patients fairly under treatment was only 14·01 per cent.—a favourable result as compared with previous years. Of the fever cases under treatment the mortality was 14·8 per cent.; from typhus alone the mortality was 16·37 per cent., from enteric fever 16·9 per cent., from scarlet fever 7·59 per cent.—the moribund cases being excluded from the calculation.

In dealing with so large an amount of contagious disease, immunity to those engaged in the service of the hospital could hardly be expected. Out of the 112 persons so occupied during the year 30 contracted fever, and 5 of these died. In deploring the loss of Dr. Wyber—the resident medical officer, who was one of the victims—the committee observe that of some thirty medical men who have been from time to time in charge of the wards, they have not had the misfortune to lose any one from typhus during the past thirty-four years, though several have been attacked. The last previous death of a medical officer from typhus contracted in the hospital was that of Dr. Dill, in 1832. An excess in the number of nurses attacked with typhus in 1866 is attributed to more than ordinary changes in the nursing staff, no fewer than fifty-six new nurses having been engaged during the year. It is admitted that this state of things is very undesirable, and the committee have sought by improving the pay and position of the nurses to prevent its recurrence.

The statistics of the Fever Hospital are brought into comparison with those relating to fever patients in the general metropolitan hospitals to prove that a given number of typhus patients can be treated on the plan of isolation in a fever hospital with equal advantage to themselves and with far less danger to other patients than in the wards of a general hospital.

THE VENEREAL COMMITTEE OF THE HARVEIAN SOCIETY.

THE attendance at the meeting of the above Committee for considering the subject of the prevention of venereal disease, held on Wednesday last, was a very full one, seventeen members being present: Dr. Pollock in the chair. Returns have been received from various quarters in reference to the average

daily attendance of cases at different hospitals and institutions. The Committee agreed that further inquiries should be made to ascertain the average number of venereal cases in attendance at the public institutions of London, Manchester, Southampton, Norwich, and Salisbury, so as to arrive at an approximate estimate of the amount of disease in towns for which legislative measures are necessary; and the various Medical Societies at the places named will be asked to co-operate in securing the object in view. The Committee then fully discussed the resolution provisionally adopted at a former meeting, setting forth the necessity of legislating for the civil community; and it was proposed by Mr. James Lane, and seconded by Dr. Tilbury Fox,—

"That regulations similar to those contained in the Contagious Diseases Prevention Act (1866) might be carried out by the police without difficulty among the civil population in London and other large towns—the essential feature of the system being as follows:—

"That a register of all women known to be acting as prostitutes should be kept by the police. That such women should be required to submit themselves to a periodical examination by a medical officer appointed for the purpose, and that, when found to be suffering from venereal disease, they should be detained in hospital till cured: additional accommodation being provided for this purpose.

"It is desirable that the registration of women above suggested should be kept for the private use of the police authorities only, and should be in no way accessible to the public; also that no certificate of health should be given to the women on the occasion of their periodical examinations; and that, when discharged from hospital, the certificate of cure should not be given to the women themselves, but be forwarded to the police authorities.

"The object of legislative interference should be solely the prevention and cure of venereal disease; and it is believed that this desirable end would be to a great extent obtained by regulations such as those above suggested, which would be purely sanitary in their operation, and which would involve no public recognition of prostitution, and no registration of prostitutes or of houses used for the purposes of prostitution that would be available to the public."

The plan here suggested requires no fresh organisation, and is intended to be strictly medical in its character, dealing with syphilis in a way analogous in principle to that put in force for the prevention of small-pox or other contagious diseases. It is generally wished that an evening be set apart after a while for the discussion of the whole subject, and that men of different shades of opinion and classes in society should be specially invited to attend and join in the deliberations.

THE "FIELD FUND."

WITHIN a week of the meeting held at the Marylebone Institute in reference to the case of Wight *v.* Field, which we noticed on the 6th inst., the best evidence of the indignant feeling of the profession in the matter has been shown by the formation of a committee consisting of about 100 gentlemen, and the receipt by the treasurer of a sum exceeding £150 towards the defraying of the heavy expenses—about £800—to which Mr. Field has been put in defending himself against the charge brought against him. Indeed, the profession has rightly regarded the question not as a mere personal one; and if any further proof were needed of the necessity of such a protest as that which we feel sure will be exhibited by the subscription-list, it could not be better exemplified than in the case to which we have referred in another page under the title of "The Danger of the Day." Amongst those who compose the committee of the "Field Fund" are Sir Thomas Watson, Bart., Dr. Billing, Dr. Copland, Sir William Fergusson, Mr. Curling, Dr. Cape, Dr. T. K. Chambers, Dr. Druitt, Dr. Bence Jones, Dr. Hare, Dr. C. J. B. Williams, Dr. J. C. Langmore, Mr. Samuel Lane, Dr. Owen Rees, Dr. Merriman, Mr. Paget, Mr. Henry Thompson, Mr. Spencer Smith, and Mr. Erasmus Wilson—names that indicate the importance attached to the movement.

Subscriptions may be sent to Dr. Langmore, the treasurer, Sussex-gardens, W.; to the Paddington Branch of the London and County Bank, or the National Bank; and they may also be forwarded to THE LANCET Office.

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Correspondence.

"Audi alteram partem."

THE SILICATED CARBON FILTER.

To the Editor of THE LANCET.

SIR,—We avail ourselves of the opportunity afforded by the last clause but one in your Report upon Filters in THE LANCET of March 23rd to offer a few observations on the subject, not for the purpose of controverting any of the statements made by your esteemed analyst, but with a view to showing that he has scarcely done that justice to the capabilities of the Silicated Carbon Filter which we think it is fairly entitled to. Our chemist has lately tested very carefully the effect of our filter on some Thames water taken near Battersea-bridge at high tide, and the result leads us to the conclusion that the power of the filter in separating impurities is considerably greater than might be gathered from your report.

1. In the first place, the unfiltered water, evaporated to dryness with carbonate of soda yielded 33·5 gr. of solid matter to the gallon; whilst that which had been passed once through a filter of our manufacture yielded only 8·7 gr. This was the mean of several trials, and exhibits a marked disagreement with the corresponding figures in your first report—namely, 29·10 and 27·65 per 100,000 parts.

2. The hardness of the unfiltered water, as determined by Clark's test, being 9°, that of the filtered was found to be reduced to 6°.

3. Boiling the unfiltered water for one hour gave a deposit of carbonates weighing 11·1 gr.; the filtered water showing no tendency to deposit after two hours' boiling.

4. The permanganate of potash was applied in the manner recommended by Fresenius and Miller. A solution was formed by dissolving 4 gr. of the permanganate in 10,000 gr. of distilled water previously tested for organic matter. Eight ounces of the water to be tried were acidulated with hydrochloric acid, and the solution added in quantities of 10 gr. at first, and 5 gr. afterwards; the total quantity of solution used being multiplied by 20 to give the oxygen (in 10,000 ths of a grain) required for a gallon of the water. The result was that the unfiltered water required 0·365 gr. to effect its complete oxidation, whilst the filtered was saturated with 0·0059 gr. The quantity of organic matter determined by ignition was 3·8 gr. and 0·6 gr. respectively.

With regard to rapidity of filtration, that must of course depend to a great extent on the size of the filter and the length of time during which it has been in operation; but we need scarcely remind you that extreme rapidity of filtration is inconsistent with great purity. We have tested a great number of our filters, and find that the time required for the passage of a litre of water varies from 2 m. 40 s. to 9 m. 20 s., according to the size, and the texture or porosity of the filtering slab. This would seem sufficiently rapid for all ordinary purposes;

and we have ample proof that the action of the filters is *permanent*, numbers of them having been in use for years.

We are, Sir, your obedient servants,

THE SILICATED CARBON FILTER COMPANY.

Battersea, March 28th, 1867.

*** We fail to see in our correspondents' letter any evidence of want of justice in our Reports on Filters to the capabilities of their filter. The removal of organic matters from water is the real test of the value of a filterer of water for drinking purposes. In the second Report of THE LANCET the silicated carbon filter sent in was stated to have left in water supplied to London from the Thames only ·9 part of organic matter in 100,000 parts of water, equivalent to ·63 gr. per gallon. The chemist employed by the Silicated Carbon Filter Company has found that it leaves only ·60 gr. in a gallon. The results are practically the same. True, the water before filtration was more impure in the one case than in the other; but then it is stated in our Report that water mixed with a large quantity of animal matter (milk) was delivered by the filter with about as little organic matter in it as if it had been only ordinary London drinking water.

With regard to the quantity of inorganic matters left in the water, our Report certainly gives a very different account from that in our correspondents' letter; and yet, though confident of the accuracy of the former, we do not deny that the latter is accurate also. It is pointed out in THE LANCET Report that the water delivered by the silicated carbon filter sent for examination was highly alkaline from the presence of caustic lime. The quantity of this, it may now be mentioned, was, at the time of making the analyses, found to be chemically equivalent to about the quantity of chalk usually present in Thames water. Now, had this filter been kept in use long enough to wash out so much of this lime from the filtering slab as to deliver water free from either chalk or free lime, an approach to the result mentioned in our correspondents' letter might have been obtained. This we think because, as our Report shows, fresh animal charcoal, which removed nearly all the *temporary hardness* of Thames water, delivered it (in the Danchell filter) with only 14·9 gr. of solid matter in 100,000, or 10·43 gr. per gallon: the chemist employed by the Silicated Carbon Filter Company finding 8·7 gr. per gallon of solid matter in the water coming from the filters he employed. But, be this as it may, the result given in the Report was obtained with the greatest care, and was just that which collateral experiments rendered probable. Different silicated carbon filters have different powers; but we suppose one of the best was sent in for examination. The softening effects of filters were not dwelt upon by our Commissioners because they were deemed unimportant to the inquiry. That some water coming from a silicated carbon filter may be boiled without depositing chalk, is quite correct; but that other water from it containing free lime gives some deposit when evaporating in an open vessel, is also correct. The filter sent to THE LANCET Commissioners first yielded water containing free lime; then water practically free from this, or dissolved chalk; and, lastly, water containing dissolved chalk. Surely the statement of our correspondents, that Thames water was found to have only 9° of hardness, is a mistake.

The results obtained by our Commissioners with the permanganate test were concordant with each other. But it is well known that in the hands of different experimenters different results will be obtained. Our correspondents' chemist and THE LANCET Commission had different filters, used different water, and adopted a slightly different mode of applying the test. Possibly, in these differences may lie the cause of the discrepancy of the results. There is, however, the silicated carbon filter at the London Hospital by which the accuracy of our Report can be tested.

As to the permanency in action of the silicated carbon filter, the statement in THE LANCET Report was made upon information received at the filter works in reply to a question on this point. However, from our correspondents' letter, we suppose there was some misunderstanding. No opinion was expressed in the Report, because, as was remarked, the Commission had "no facts on this head to communicate," and because it was not understood that permanency was claimed for it. But do not our correspondents themselves admit that the filters are not permanent when they say that "rapidity of filtration must depend to a great extent upon the length of time during which it has been in operation"?

ACUPRESSURE.

To the Editor of THE LANCET.

SIR,—I have just read, with no little surprise, Dr. Kerr's letter in THE LANCET of the 30th March, and more particularly that part of it bearing on a case of his in which acupressure was made by me to arrest secondary hæmorrhage from a stump after amputation at the upper third of the thigh.

Allow me to relate the facts of the case as they occurred to me. On passing the infirmary about half-past eight o'clock, the gatekeeper told me that Dr. Kerr was in Martha's ward at a bad case. I immediately went to the ward, where I saw Dr. Kerr, the house-surgeon, two students, and the nurse; the students applying manual pressure to the femoral artery of the stump in question. There was much blood on the bed; a number of surgical instruments on a tray on the table, with basins, sponges, water, &c. Dr. Kerr told me that secondary hæmorrhage had occurred during the night; that the woman had lost much blood; that he was sent for at six in the morning; that he had sent for Drs. Keith and Pirrie, but they were not at home; and he added that he was glad to see me, to give him assistance, as he was to cut down upon the femoral artery and tie it, to arrest the hæmorrhage. After looking at the case, I recommended him to acupress the vessel. He said he did not know how to do it. We went to an adjoining ward (Dorcas), and, with a folded towel and one of Sir J. Simpson's long pins, I showed him how it could be done. He declined to do it, and asked me to do it myself. I compressed the artery in much less time than I take to state, as follows:—I desired the students to take off the pressure they were making, and on their doing so the blood flowed rather freely from the stump. I immediately pressed my left forefinger on the artery, and compressed it. With my right hand I plunged in the point of the pin about an inch from the iliac side of the artery. The head of the pin was then depressed, and the point brought through the skin close on the side of the artery. I then raised the head of the pin, and pushed the point of it into the stump between the artery and the vein, and brought it out again on the pudic side of the vein. This stemmed the hæmorrhage to a great degree, but as there was a slight oozing I placed a dossil of lint between the pin and the skin over the site of the artery, to make the pressure more complete and arrest the bleeding, which it did. By-and-by the stump began to swell from venous congestion, for the vein was unavoidably slightly compressed at the same time. This swelling of the stump, I have no doubt, pressed out the blood from the artery on the distal side of the acupressure, and the blood from between the flaps. Dr. Kerr then *dispensed with the operation he had proposed*, and we agreed that the students should remain to watch, and, should a recurrence of the hæmorrhage take place, apply digital pressure if they considered it necessary. Digital pressure was, I am given to understand, employed by the students on account of the oozing, but by twelve o'clock the slight oozing had completely stopped; the patient did well, and ultimately recovered. The cessation of the hæmorrhage is attributed by Dr. Kerr to digital pressure, a weakened circulation, and a clot of blood. I leave the facts to speak for themselves.

Now I am not a little surprised at Dr. Kerr's statement that it was the digital pressure exerted by the students that stayed the hæmorrhage. If he thought so, let me ask why the operation which he was about to perform when I entered the ward was considered by him to be unnecessary after the application of the pin? He went home soon after and did not return till twelve o'clock, the usual visiting hour. I know Dr. Kerr to be more conscientious than to leave a patient in jeopardy and trust to digital pressure. It is evident he did not, or else he would not have been about to cut down and tie the artery.

It may be gratuitous in me to add that I cannot but think that the woman ran a great risk of secondary hæmorrhage

occurring from the tying of the femoral artery so high up as the point of its emergence from below Poupart's ligament, where it only could be done from the shortness of the stump. In her cachectic constitution could she in her weakened state survive a second recurrence of hæmorrhage and the tying, if necessary, of the external iliac? I think not, and am of opinion that acupressure saved this woman's life, and that in this case it was at least *triumphant*.

The other case referred to by Dr. Kerr is that of a patient who had had his thigh amputated by Dr. Keith for a crushing railway accident. Acupressure was in this case successfully applied in securing the arteries. The patient did not die because acupressure was employed, but from shock for which no operator can fairly be held responsible. Dr. Kerr implies that the amputations were unnecessary. But he had not seen the case, and Dr. Keith in his experience did what he thought best for the poor man. I think, in discussing acupressure, insinuations that amputations were not necessary in the case are foreign to the subject and uncalled for.

There are many inconsistencies in Dr. Kerr's letter, which must be apparent to anyone who reads it, but which need not be noticed in this communication. Dr. Kerr in conclusion states that acupressure has nothing to recommend it but its novelty. Let him say whether its application in the other cases in the hospital have proved successful or not.

I regret having felt called upon to write this letter, and that one of Dr. Kerr's high standing and abilities should remain unconvinced of the benefits of acupressure.

I am, Sir, your obedient servant,

DAVID FIDDES, M.D., &c.,

March 30th, 1867. Surgeon to the Royal Infirmary, Aberdeen.

THE OBSTETRICAL SOCIETY AND MR. BAKER BROWN.

To the Editor of THE LANCET.

SIR,—I shall be obliged by your allowing me, through the medium of your columns, to thank the many professional friends who have written to me to express their approval of the course I felt it my duty to adopt at the meeting of the Obstetrical Society on Wednesday evening last.

Nothing but a growing conviction of the necessity for what was then done, and the apparent indisposition of better men to do it, induced me to take upon myself so odious a task. I trust it will do good.

I am, Sir, your obedient servant,

Sloane-street, April 10th, 1867. F. SEYMOUR HADEN.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE General Hospital election has resulted in the return of Mr. T. H. Bartleet. I use the word "return" advisedly, for in a contest conducted on such a parliamentary scale the term seems the most suitable. Mr. Goodall retired about a week before the day of election, and by this wise step the heavy expenses consequent on the polling were saved for each candidate. Mr. Goodall, in his notice of withdrawal from the present contest, has intimated his intention of seeking the appointment on the next vacancy. By Mr. Bartleet's election the surgeoncy to the Children's Hospital will be rendered vacant; for this office Mr. C. J. Bracey and Mr. Kettle (a former house-surgeon) will probably offer themselves.

Our sanatorium has at last found a home at Sutton Coldfield, in a building erected a short time back for an hotel. The selection is a very wise one, as the locality is most healthy, only six miles from Birmingham and easily accessible by railway, and in the immediate vicinity of Sutton Park, where the convalescents will have the privilege of wandering over a large tract of airy beautiful country. The expenses of the purchase and the sum required to render the building fit for the reception of some fifty patients will amount to considerably less than the £10,000 which would have been requisite for the erection of a new building on another site. Now that the institution is likely to have a building worthy of its purpose, the hospital officers and the general practitioners of the town will no doubt fully avail themselves of the privilege of using it for their convalescent patients.

During the past quarter the health of Birmingham has improved on that of the corresponding quarter of last year. Birmingham and Bristol have enjoyed the lowest death-rate—viz., 25·3 per 1000—of any of the large towns. This improvement must be a source of much satisfaction when considered in connexion with the great severity of the weather during some weeks of the past three months. For the corresponding thirteen weeks of 1865 and 1866 the death-rates were 28·7 and 30·7 respectively. Scarlatina has been the prevalent epidemic and is still committing serious ravages in many parts of the town.

Birmingham, April 7th, 1867.

Parliamentary Intelligence.

HOUSE OF LORDS.

APRIL 4TH.

CRIMINAL LUNATICS BILL.

THIS Bill, on the motion of Lord Belmore, passed through Committee, after the expression of a hope by Lord Kimberley that a similar measure would be made applicable to Ireland.

APRIL 5TH.

The Mutiny Bill was read a third time and passed, Lord Longford making some explanations with respect to the 22nd clause, having reference to flogging in the army.

APRIL 9TH.

THE LONDON UNIVERSITY.

Earl GRANVILLE, in reference to the suspension of the works of the London University, said that it was desirable the building should be in harmony with the other buildings on Burlington House site. This was the opinion of the authorities of the University and out of doors.

The Duke of BUCKINGHAM said the works of Burlington House site would be suspended for a few weeks so as to leave open the question of any modification or alteration of the place and elevation which had been proposed for the buildings of the London University.

HOUSE OF COMMONS.

APRIL 5TH.

THE TOOMER CASE.

Sir R. COLLIER called the attention of the House to the case of Toomer, and moved for copies of all memorials presented to the Home Office in his behalf and the answers thereto. He thought Toomer had suffered a great wrong, and he entered into a long and elaborate argument to show that Toomer had been most unjustifiably convicted of an offence of which he was not guilty. The evidence showed most satisfactorily that there was no foundation for the charge against him. Sir Robert admitted that under ordinary circumstances the Home Secretary should not be made a court of appeal in criminal cases, but this was so exceptional that he thought the Home Secretary was bound to interfere.

Mr. WALPOLE declined to consider the motion, and entered into the same arguments which he had used on a former motion of Toomer's case in the House. He defended the line of conduct he had pursued, and said it was one of impartiality and fairness. Toomer could prosecute Miss Partridge for perjury, and his friends might memorialise for a mitigation of his sentence, which was no doubt a severe one.

Mr. Clive, Sir F. Goldsmid, Mr. Neate, Mr. Otway, Mr. Sullivan, Mr. T. Chambers, Mr. Lowther, and Mr. Hugessen were in favour of the interference of the Home Secretary, both on the grounds of the conviction and the sentence. Mr. Denman, the Solicitor-General, Mr. M. Chambers, and Mr. Baggally defended the judge and supported the course Mr. Walpole had taken.

THE CHAIR OF ANATOMY IN EDINBURGH.

THE Curators of Edinburgh University met on Thursday afternoon to appoint a successor to Professor Goodsir. The candidates were Dr. Turner, Demonstrator of Anatomy in the University of Edinburgh; Dr. Struthers, of Aberdeen; and Dr. Pettigrew, of the College of Surgeons, London. Dr.

Turner had six votes, Dr. Struthers one. Dr. Turner accordingly is the new Professor. He succeeds one of the greatest anatomists of this or any other country. He has already given evidence of great ability as a teacher of anatomy, and we have only to express a confident hope that he will in his important chair maintain the great reputation of the University.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 9th inst., and when eligible will be admitted to the pass examination :—

Messrs. J. H. [illegible]y, J. P. Doughty, C. D. Maynard, F. S. Tuck, A. H. Aldridge, W. H. Nicholls, Richard Stephen, M. H. Laxton, A. E. Kynaston, and D. W. C. Hood, students of Guy's Hospital; Meredith Townsend, C. N. Bell, L. M. Thomas, E. C. Seaton, Joseph Mitchell, J. A. Bell, and Edgar Cox, of St. Thomas's Hospital; C. E. Rowling, C. T. Vachell, Urban Pritchard, and Randolph Caldecott, of King's College; Edwin Sanders, A. A. Henley, C. J. Bennett, and F. J. Glencross, of St. Bartholomew's Hospital; H. F. E. Harrison, W. H. Stavely, and A. S. Drew, of St. Mary's Hospital; W. J. Williams and R. A. Prichard, of Dublin; Edward Swain, of the Westminster Hospital; and Enoch Snell, of the University College.

The following passed on the 10th inst. :—

Messrs. T. H. Headley, Edward Greeves, E. A. Brickwell, J. T. Hartill, F. H. Hall, and A. W. Attwater, students of St. Bartholomew's Hospital; Stanley Peacock, J. G. E. Bolton, S. B. Brooks, James James, and F. C. Bennett, of University College; J. G. Christian and H. T. H. Chapman, of St. George's Hospital; K. M. Lloyd and S. C. Austin, of St. Mary's Hospital; T. B. Tracy and W. F. Taylor, of Kingston, Canada; F. S. Palmer and W. J. R. Hay, of the Westminster Hospital; Robert Atkinson and W. S. Ward of Leeds; G. E. W. Turner and J. H. Forte, of Guy's Hospital; A. J. Bell, of King's College; J. R. Clouting and T. G. Johnson, of the London Hospital; J. L. Collier, of Manchester; Stephen Skaner, of Bristol; B. H. Moxon, of Hull; and Brook Therp, of Liverpool.

The following passed on the 11th inst. :—

Messrs. W. A. D. Paskon, Edwin Duke, F. J. Naish, W. P. Bridges, W. P. Mallam, W. C. Parsker, and C. T. Brockhouse, of Guy's Hospital; J. R. A. Taylor, Ethelbert Hoskins, C. H. Mayhew, A. T. Gibbings, and G. S. Thom, of King's College; William Gill, Daniel Widdess, and Edmund Vialls, of the London Hospital; J. G. Williamson and David Smart, of St. Bartholomew's Hospital; T. H. Ravenhill and A. J. G. Waters, of Birmingham, F. J. A. Waring, of Dublin; George Norman, of St. George's Hospital; John Dixon, of Newcastle; R. W. Jones, of St. Mary's Hospital; and Henry Swinton, of the Charing-Cross Hospital.

It is stated that nineteen candidates out of the 106 who were admitted to examination failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their studies for three months; and one candidate having been detected copying, was at once referred for *six months*.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst. :—

Bland, Henry, King's College Hospital.
Boulton, Donald Fludyer, Usk, Monmouthshire.
Clarke, Edward Griffiths, Mold, Flintshire.
Dukes, Clement, Hackney.
Franklin, Henry, St. Bartholomew's Hospital.
Leake, Jonas Richard, Motcomb-street, Belgrave-square.
Moore, Walter, Marton, Warwickshire.
Rogers, Cecil, Manchester.
Wilkinson, Adam, Shaftesbury.
Winckworth, Charles T., Westminster Hospital.

The following gentlemen also on the same day passed their first examination.

Bennett, Charles John, St. Bartholomew's Hospital.
Dobson, William, Leeds School of Medicine.
Lack, Thomas Lambert, King's College Hospital.
Williamson, John G., St. Bartholomew's Hospital.

Mr. FORSTER WHITE was on Thursday last elected treasurer to Christ's Hospital.

SEVERAL cases of small-pox have occurred on board the *Rodney* at Plymouth.

ON DIT that the Empress of the French is ill, wearied out by the long vigils she has kept at the bedside of the little Prince, her son.

HIS Royal Highness the Prince of Wales assumed the Presidency of St. Bartholomew's Hospital at a special Court of Governors held on Wednesday last, April 10th.

DR. DAVIDSON has been presented with a gold ring and pencil-case as a mark of esteem on resigning as assistant medical officer at the Birmingham Borough Lunatic Asylum.

AT Aldershot the police barracks are being converted into a hospital for the purposes contemplated by the Contagious Diseases Act. Surgeon W. Perry has been appointed district visiting surgeon.

AT the Sessions House, Clerkenwell-green, on Friday afternoon, twenty-five tradesmen were summoned for keeping and using improper weights and measures against the public. Some were dismissed and others fined. Mr. Falconer, the inspector of weights and measures, stated that some of the persons who had offended had been fined once before for a similar offence. The fines inflicted varied in amount from 2*s.* 6*d.* to several pounds.

MEDICAL APPOINTMENTS.

T. H. BARTLEET, M.B., has been elected one of the Surgeons to the General Hospital, Birmingham.

R. W. BATTEN, M.D., has been appointed Physician to the Gloucester Infirmary, vice T. Evans, M.D., resigned.

J. BOTT, M.R.C.S.E., has been appointed House-Surgeon to the Ardwick and Ancoats Dispensary, vice Mr. Meyrick, promoted as Senior House-Surgeon.

L. BRAMLEY, F.R.C.S.E., has been appointed Consulting Surgeon to the Halifax Infirmary, on resigning as Surgeon.

W. CARTER, M.B., B.Sc., LL.B. Lond., F.R.C.S.I., has been elected Honorary Medical Officer to the Northern Dispensary, Liverpool, vice Dr. M'Caul, resigned.

J. ST. THOS. CLARKE, M.B., &c., has been appointed Surgeon to the Leicester Union Workhouse and Union Infirmary, vice John Moore, M.R.C.S., resigned.

W. DRAPER, M.R.C.S.E., L.S.A., L.M., late Resident Obstetric Assistant at the Middlesex Hospital, has been appointed Resident Medical Officer to the York Dispensary, vice T. Collier, resigned.

A. J. FREEMAN, M.B., has been appointed Resident Medical Officer to the Islington Dispensary, Upper-street, vice H. Rayner, M.B., resigned.

C. LANGSTAFF, M.D., M.R.C.S.E., has been elected Surgeon to the Royal South Hants Infirmary, Southampton, vice J. King Sampson, resigned.

MR. E. W. WARREN MEYRICK has been appointed Senior House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester, vice J. Moir, L.R.C.P. & S. Ed., resigned.

R. C. MOON, M.R.C.S.E., late House-Surgeon at the Ophthalmic Hospital, Southwark, has been appointed Assistant-Surgeon to the Hospital.

W. NOWELL, M.R.C.S.E., has been elected Surgeon to the Halifax Infirmary and Dispensary.

J. R SHORTO, M.R.C.S.E., L.S.A.L., has been elected Assistant-Surgeon to the Royal South Hants Infirmary, vice C. Langstaff, M.D., resigned.

J. B. SIDDALL, M.D., has been appointed House-Surgeon to the General Hospital, Bristol, vice W. Harris, M.D., resigned.

A. SMART, M.D., F.R.C.P.Ed., has been appointed Honorary Medical Officer to the High Constables of Edinburgh.

J. F. STREATFEILD, F.R.C.S., late Assistant-Surgeon in the Eye Department, University College Hospital, has been appointed Ophthalmic Surgeon to the Hospital.

T. J. VALLANCE, M.D., has been appointed Medical Officer to the West Ham Union Workhouse, Essex, vice J. T. Vallance, M.D., resigned.

R. H. R. WICKHAM, L.R.C.S.E., has been appointed House-Surgeon to Gray's Hospital, Elgin.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th ult., at Ella House, Allenheads, Northumberland, the wife of Wm. Hewitson, L.R.C.P.Ed., M.R.C.S.E., of a son.
On the 31st ult., at Aberdare, the wife of Evan Jones, M.R.C.S.E., of a daughter.
On the 1st inst., at Boroughbridge, Yorkshire, the wife of W. S. Steele, M.R.C.S.E., of a son.
On the 4th inst., at Parkhurst, Isle of Wight, the wife of H. Rooms, M.D., of a daughter.
On the 4th inst., at Upper Seymour-street, Portman-square, the wife of Dr. R. T. Thorne, of a son.
On the 6th inst., at Macclesfield, the wife of C. J. Sanford, M.R.C.S.E., Staff Surgeon 2nd Royal Cheshire Militia, of a daughter.
On the 6th inst., at Wyke House, Isleworth, the wife of E. S. Willett, M.D., of a daughter.

MARRIAGES.

On the 27th of Feb., at the Cathedral, Spanish Town, Jamaica, David Palmer Ross, M.D., late Army Medical Staff, to Mary Eliza, youngest surviving daughter of the Hon. Alexander Heslop, H.M.'s Attorney-General for the Island.
On the 23rd ult., at St. George's, Hanover-square, J. Brighouse, M.R.C.S.E., of Maddox-street, Hanover-square, to Mary Jane, daughter of James Howell, Esq.

DEATHS.

On the 25th ult., at Rome, after a few days' illness, John Prichard, F.R.C.S., of Aspley Guise, Beds, and late of Westrock House, Leamington, aged 67.
On the 27th ult., G. Temperley, M.R.C.S.E., of Carlisle, aged 33.
On the 4th inst., J. S. Alger, M.R.C.S.E., of Slough, Bucks.
On the 6th inst., F. W. Maude, M.R.C.S.E., of St. Andrew's-place, Regent's-park, late Resident Surgeon at the Royal National Hospital, Margate, aged 26.
On the 7th inst., at Cheltenham, Marmaduke Thompson, late Surgeon-Major Bombay Army, aged 60.

To Correspondents.

SEVERAL of our subscribers having made complaints of the late delivery of last week's LANCET, we beg to state that the delay was caused by the great length of the *verbatim* report which we gave of the important meeting of the Obstetrical Society, and was not in any degree owing to neglect on the part of the news agents.

Mr. Lewis Redwood.—The error was that of the newspaper forwarded to us; but it is a very simple one, and scarcely worth noticing. There are phrases in Milton and Shakespeare to which exception might be taken by word-critics. Instead of "the highest," the term should have been *high*, and no one could have found fault. As we have said, however, the words were a quotation.

W., (Glamorganshire.)—1. If the assistant was absent by permission of his employer, such absence formed no legal ground for the dismissal.—2. Failing any specific contract, a month's notice is generally considered sufficient.

Enquirer.—The lymph is kept in capillary tubes, hermetically sealed at both ends.

VENEREAL DISEASE IN THE ARMY AND NAVY.

To the Editor of THE LANCET.

SIR,—In your number of the 16th March, I called attention to the fact that the Medical Committee appointed to study and to report if there is a syphilitic virus, have put forward a congeries of opinions without one pathological fact to bind them together.

By the same number it is seen that this Committee gave the names of fourteen gentlemen who have stated it as their opinion that bubo is pathognomonic of a syphilitic virus. But bubo may arise from various causes. Why did they not ask these gentlemen to give the diagnosis between a syphilitic and a non-syphilitic bubo? It was their duty to have done so. Again, they gave the opinion of four gentlemen, who have, and who deserve to have, the confidence of the public, that disease of the bones and periosteum in syphilis "arises independently of mercury." Was it not the duty of this Committee to request these gentlemen to state what is the diagnosis between a syphilitic and a non-syphilitic disease of the bones and periosteum?

As to the opinion that hereditary syphilis can be discovered by the teeth, and that a man having had syphilis "years before" can infect his offspring with syphilis, might be opinions considered orthodox centuries ago, but are now considered as the dreams of untutored imaginations.

Permit me, Mr. Editor, to take note of the fact that Lord Henry Lennox, Secretary to the Admiralty, stated in the House of Commons on March 15th, that in consequence of attention to the "unfortunates" at Sheerness, "syphilis is almost destroyed," and that at Plymouth the rate of the disease has decreased from 7½ to 2½.

Since such important results have followed the mere attention to the "unfortunates," what favourable results have we not a right to expect if this so-called syphilitic disease is scientifically studied, and proved not to be a specific disease?

In the interest of the army, in the interest of the navy, and in the interest of the human race, I have taken the liberty to suggest the appointment of a trustworthy Medical Committee, to study and to report if there is a syphilitic virus; and, if so, what are its pathognomonic symptoms on the reproductive organs or on any other parts of the body, and what is its method of cure? Will the War Office and the Admiralty attend to this suggestion?

Your obedient servant,
DAVID MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

Bruton-street, Berkeley-square, March 25th, 1867.

J. W.—The first step to a cure is avoidance of the cause. There are no books on the subject which a patient could consult with advantage. Indeed, the reading of books on the matter had better be avoided. Any respectable surgeon can treat the case.

Syphilus.—We do not know of any agent in Ireland. Apply to Mr. Grossmith, 175, Fleet-street.

"A CRY FOR HELP."

THE following contributions have been further received on behalf of the above:—

Amount already acknowledged			£361	16	2		
Dr. Chuckerbutty, Calcutta...	£1	0	0	Dr. R. W. Switzer, Calcutta,	£4	8	0
Dr. H. Baillie, ditto ...	2	10	0	Dr. Maxwell, Abbottabad ...	2	0	0
Dr. K. H. Stuart, ditto ...	2	10	0	D.	10	0	0
Dr. J. A. P. Collis, ditto ...	3	4	0	Dr. Slight	1	1	0

Mr. W. D. Welsh, (Carrick-on-Suir.)—1. The information will be found in our advertising columns.—2. Not an equal chance, but a good one, if he be well educated, and of gentlemanly manners.

L. S. A. (Edinburgh) shall receive a private note.

W. G., (Belfast.)—A similar plan has been resorted to by surgeons for many years past.

ALOPECIA.

To the Editor of THE LANCET.

SIR,—I would thank any professional man who, through the columns of THE LANCET, would kindly give any information respecting the treatment of the following case:—

A robust healthy man, aged twenty-four years, by trade a blacksmith, applied for advice some time ago respecting his condition. The hair, he stated, first came away in patches from the head until it became quite bald; the whiskers fell out; and finally he became devoid of hair all over the body. On inspection, there is not a vestige of hair to be seen. The man is healthy in every respect, has not been treated for illness for the last ten years, has never contracted syphilis, and bears an excellent character for sobriety, &c. Ferruginous tonics have been prescribed, and tincture of cantharides locally applied, but without benefit. Yours obediently,

April, 1867. DUM SPIRO SPERO.

Dr. R. H. Semple.—The matter to which Dr. Semple refers can be interesting only to the persons connected with the journal of which he is the accredited London Editor, and is one so entirely of a personal nature, that we cannot insert his letter.

Subscriber, (Leicester.)—There is no monograph on the subject that deserves notice. It is treated of in the works of Acton, Carling, and Wade.

CHAIR OF ANATOMY IN THE UNIVERSITY OF EDINBURGH.

Dr. Cleland (Queen's College, Galway) writes to say that he never was a candidate for the above Chair.

Dr. Allbutt would oblige by sending the communication.

COMPLICATED CASE OF MIDWIFERY.

To the Editor of THE LANCET.

SIR,—On Thursday, March 7th, 1867, I attended a case of parturition, a shoulder and left arm presentation, so complicated in character and remarkable in termination that I send you the particulars.

I had attended Mrs. —— on four previous occasions. She is short in stature, of square build, with a roomy, broad pelvis. During gestation the abdomen is very pendulous. Her first confinement occurred seven years ago, was soon over, without anything worthy of remark. The third confinement was a breech presentation.

I was sent for to the present (fifth) confinement at half-past eight o'clock. The patient was then in the usual obstetric position on her left side. I had merely time to make out on examining that the os uteri was fairly dilated, when a pain came on, the membranes ruptured, and with the gush the left arm and shoulder of the child came down into the pelvis. I introduced my hand into the uterus with some difficulty, and brought down into the vagina the child's left foot; the toes pointing towards the sacrum of the mother, and the limb occupying a position between the thorax of the infant and the right side of the maternal pelvis. I now made considerable traction, the pains being at the same time strong, without succeeding in bringing down the child's breech; at the same time the shoulder of the child gradually retreated. Fearing some unsuspected complication, I again introduced my hand into the uterus, and discovered that the child's head was now entering the brim of the pelvis at the pubes. I desisted from further interference. The head of the child passed gradually into the brim, the foot retreating slowly as it advanced, and the case became a left arm and head presentation. The head was in the first obstetric position. The child, a male of large size, was born at one o'clock.

It seems to me that in this case the presentation was in the second anterior dorsal position, the legs and breech of the infant being so doubled forward on its thorax, that in making traction at the foot a partial revolution or summersault, so to speak, took place; the shoulder was carried upwards, inwards, and backwards towards the maternal sacrum, and the head brought into the brim. This result was, on the whole, fortunate, in so far as it was more favourable for the child than if the breech had been brought down.

I may add to what I have stated that mother and child are doing well, the congestion of the child's forearm having already passed away.

I am, Sir, yours truly,
Lancaster, March 9th, 1867. JOHN HARKER, M.D.

B. A. (a medical student) is desirous of finding a remedy for profuse perspiration of the hands. He has failed to derive any benefit from various remedies he has used.

Mr. W. H. Durham, (Halstead.)—If Mr. Hicks were capable of leaving the hospital, he had no one to blame but himself for being for so long a time without food.

ENLARGED TONSILS.

To the Editor of THE LANCET.

SIR,—In responding to the interrogatories of "B. A. R." relative to my cases of enlarged tonsils treated with compound tincture of iodine, their duration, and my method of applying the remedy, as the cases so treated have extended over a period of more than a year, and as I have kept no record of them, it is impossible for me to state their precise number, as also their length of duration. But I well remember the first was tonsillar hypertrophy, the sequela of a second attack of diphtheria in a farmer's son, aged eleven years, and was very obstinate, not only resisting nitrate of silver both in solution and substance and tincture of sesquichloride of iron, but appearing to *increase* under their use. This rapidly subsided under the compound tincture of iodine, not requiring more than four applications. The second case was also one of post-diphtheritic tonsillar hypertrophy, occurring in a married woman, which required only two or three applications. In subsequent cases of relaxed sore-throat I used it with equally good effect, also in hypertrophy from tonsillitis, and have used it to-day for the last time in a child of three years old, for, I believe, congenitally hypertrophied tonsils, which are now normal, after rather more than a week's treatment by the tincture, applied on alternate days with a camel-hair brush in the manner in which nitrate of silver solutions are ordinarily applied to the same parts.

I am, Sir, yours faithfully,
Blakesley, April 9th, 1867. T. ORGANE WALKER.

F.—Though there may be some force in our correspondent's remarks, we think it advisable not to publish anonymous letters on the subject.

E. W. C., (Salisbury.)—A formula has been published. The principal ingredients are morphia, prussic acid, Indian hemp, and oil of peppermint.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Through the medium of your widely circulated journal I wish to call the attention of the profession to medical etiquette as exemplified in the following case:—

I was called in to attend the child of a tradesman on Wednesday, March 20th, and on the following evening was asked if I had any objection to meet a second practitioner in consultation, to which request I at once acceded, and Mr. Hoane, of Cinderford (Forest of Dean), was selected. He visited the case next day, and prescribed for the patient without conferring with me. Finding he continued his visits, and in fact had taken the case, I wrote to Mr. Hoane for an explanation, which he refuses to give. I therefore have no alternative but to bring the matter before the profession, in order to ascertain if such conduct be consistent with the honourable practice of our profession.

I am, Sir, yours obediently,
JOHN STRATFORD COLLINS, M.R.C.S.

Newnham, Gloucestershire, April, 1867.

THE DISCUSSION AT THE OBSTETRICAL SOCIETY.

Dr. Routh writes to us to say that in the late discussion at the Obstetrical Society he is reported to have said, in reference to the lady alluded to by Dr. West, that Mr. Brown had operated against her consent, or at least without her knowledge. Dr. Routh states:—

"What I believe I did say, and what I certainly intended to say, was "against her *husband's* consent, or at least without *his* knowledge." It was because I considered Mr. Brown's explanation of this error was of some weight that I thought his conduct in this matter did not merit so severe a punishment as removal. That it is right, however, to operate on a woman without her consent or that of her husband, I never once admitted, and never can."

A Student should send a detailed account of the case from the pen of the gentleman who attended the deceased.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—I fear that your correspondent, "Radix," does not quite understand what he has been writing about, and therefore I have heard his observations called, by a contraction of his *nom de plume*, "rot."

It would appear that "Radix" cannot dress himself in regimentals without the assistance of a servant, has doubts about his marching, and is unable to ride on a regimental saddle. Well, if he had ever been in a mounted battery or in a cavalry regiment, he would speedily have been handed over to the tender mercies of a riding-master, and I doubt much if an hour or two of "go large, trot," with crossed stirrups, would have added a very pleasant element to his mess conversation with Cornet Jones or Lieut. Smith.

I have had some nine years' experience as an army doctor, and I cannot imagine a more fertile cause for furious and incessant grumbling than would arise if assistant-surgeons were ordered and compelled to go through a course of "manual and platoon exercise," "extension movements," &c.

I think a portrait of "Radix" in his regimentals, busby and plume, fiercely waving a drawn sword, and practising the "goose-step," would indeed be a gem, and ought at once to be procured and presented to every mess in the service.

No, Mr. Editor, your correspondent must think his subject over and over again, and hit on some happier plan for raising the army social state of the department; but of this I am certain, that the men who complain of being snubbed, and made to feel socially inferior, are men who, in any rank or calling, would be snubbed, owing to their own personal and peculiar defects, either of temper, manner, or want of gentlemanly education.

In conclusion, allow me to add that I made some inquiries in consequence of your leader respecting the Herbert Hospital. I find that at the time the article was published, the medical officers doing garrison duty were four in number, and on duty every *fourth day*, and that the number of women and children in garrison rendered their duties very arduous; so the medical officers at the Herbert Hospital had not all the hard work to do. Inspector-General Gordon, C.B., may not have been popular, but he was strictly impartial.

Yours faithfully,

Garrisontown, April 2nd, 1867. E. L. M.

QUACKERY AT HALES OWEN.

Alpha (Hales Owen) writes as follows:—"A man and his wife, styling themselves Professor and Madame B——, have been stopping in this town during three weeks. They live in a caravan, and harangue the people most evenings. They visit, prescribe, and dispense medicines. Now, Sir, will the amended Medical Act deal with cases of this character? If not, of what use is the Act? It is true he does not call himself a surgeon and apothecary, or pretend that he is registered; but what of that? He practises as both, and leads the ignorant public to believe that he is a professor of medicine. Now, Sir, I contend that unless there is a clause inserted in the Medical Act, giving magistrates the power in petty sessions to summarily punish such fellows by fine or imprisonment, the Act will be a dead letter."

M.D., M.R.C.S.—Without further particulars, we should be inclined to recommend a demand of £25 as moderate.

TREATMENT OF QUINSY.

To the Editor of THE LANCET.

SIR,—Having frequently been in years past the subject of quinsy myself, and having had at various times several persons under my charge suffering from the same complaint, perhaps you will allow me to give in a few words my own ideas on the subject.

The disease, in my opinion, seems to be more or less of constitutional origin; for were it, as is said, simply the result of cold, laryngitis would be a more frequent complication than it now is. In my own case I noticed that when I took more care of myself by wrapping up and avoiding the night air, I was no more free from attacks than at other times; and, moreover, that however much I exposed myself directly after one attack, another never succeeded. I also noticed that a fit of indigestion very often ushered in the attack, and that the bowels were previously somewhat constipated.

The treatment which appears to have succeeded best during a trial of two years is the following:—Fifteen grains of citric acid, two scruples of bicarbonate of potash, half a drachm of tincture of guaiacum, and mucilage to the ounce, to be taken in a state of effervescence every four hours. A gargle consisting of twenty minims of tincture of iodine to the ounce of water, and plenty of port wine and beef-tea. Where suppuration has already occurred, and the abscess has begun to point, it is best to order wine and beef-tea only, and to omit all other treatment.

The remedies which I have tried at various times, and now entirely discontinued, are:—

Internally: Ten grains of chlorate of potash, fifteen minims of dilute hydrochloric acid, and decoction of bark to the half ounce, three times daily. Fifteen minims of dilute nitric acid and infusion of bark to the half ounce, three times daily. Fifteen minims of dilute sulphuric acid and infusion of roses to the half ounce, three times daily.

Externally: Mustard and linseed-meal poultices, turpentine stupes, leeches.

Locally: Nitrate of silver, both in the solid and liquid state; leeches, steam inhalation; gargles of sulphuric acid and roses, tannic acid, sulphate of copper, alum, bicarbonate of soda and milk; capsicum, warm water, port wine.

I am, Sir, your obedient servant,

F. P. ATKINSON, M.B., M.C., &c.

Rotunda Hospital, Dublin, April 3rd, 1867.

Mr. M. Thomas, (Glasgow.)—The American paper which publishes the account of a patient suffering from hydrophobia having been smothered by the advice of his physician, is a respectable periodical; but it is very difficult to believe the statement.

M. A. W.—1. Medical education is as cheap and as good in London as it is anywhere.—2. About four years.—3. Exclusive of the expenses of living, £150.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Dr. Russell Reynolds; Prof. Spence, Edinburgh; Dr. Wilks; Mr. Barwell; Dr. Wolfe; Mr. T. Hunt; Mr. Saunders; Mr. Parker, Bath; Mr. Fenn, Nayland; Mr. F. Seymour Haden; Mr. Evans, Macclesfield; Dr. White, Pontypool; Mr. Taylor; Mr. Thomas, Llandilo; Mr. R. Jones; Mr. B. Hunt, Birmingham; Dr. Debie; Mr. Foster; Mr. Crofts; Dr. Evans; Dr. Clarke, Leicester; Mr. Arnold; Mr. Nowell, Halifax; Mr. Olden, Bilston; Mr. Hardy; Mr. Draper, Grantham; Mr. Whiting; Dr. Duncan; Mr. Addy; Mr. Moore; Mr. Green; Mr. Wickham; Mr. Chambers; Mr. Curgenven; Dr. Burd, Shrewsbury; Mr. Porter, Kurrachee; Mr. Power; Mr. J. Cæsar; Dr. Vinen; Mr. Moon; Dr. Leared; Dr. Dixie; Mr. Heyne; Mr. O'Brien, Netley; Mr. Mosse, Bathurst; Mr. Allsopp; Mr. Allen; Dr. Smart, Edinburgh; Mr. Borham, Halstead; Dr. Cary; Dr. Ablett; Mr. Hodson; Dr. Jones, Dalston; Mr. Gibbs; Mr. Sutton; Mr. Heywood; Mr. Howard, Attleborough; Mr. Gilruth, Patterdale; Mr. Poole; Dr. Walker, Blakesley; Mr. Greening; Mr. J. Clark; Dr. Redwood, Rhymney; Mr. Christopher; Dr. M'Kinnel, San Remo; Mr. Johns; Mr. King; Mr. Bott, Manchester; Mr. Macnaughten; Mr. Mitchell; Mr. Paine; Mr. Lathbury; Dr. Cleland, Galway; Mr. Mortimer; Dr. Williamson; Mr. Smyth; Mr. Van Abbott; Mr. Drane; Dr. Barker, Brighton; Mr. Cotterton; Mr. Grant, Portsmouth; Mr. Wales; Dr. West; Mr. Dowling; Mr. Buckley, Cork; Dr. Herbert; Dr. Britton, Driffield; Mr. Streatfeild; Dr. Wraith; Mr. Atkinson, Leeds; Mr. Buck; Dr. Browne; Dr. Carter, Liverpool; Mr. Sutton; Dr. Langstaff, Southampton; Dr. A.; A Constant Reader; W. F. D.; H. W.; M. A. B.; A Subscriber to THE LANCET from its Commencement; W. O.; Sightless; A. P.; A. A.; E. C.; M.R.C.S., Stroud; P. C.; A Military Surgeon; J. S.; Y., South Shields; W. N.; A. B.; L. M.; C. G.; W. K. H., Calcutta; J. W.; R. C.; N. Z.; W. G.; K. W. C.; &c. &c.

THE *Eton College Chronicle*, the *Preston Guardian*, the *Limerick Chronicle*, the *York Star*, the *Liverpool Weekly Courier*, the *Oudh Gazette*, and the *Nation* have been received.

Medical Diary of the Week.

Monday, April 15.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Weedon Cooke, "On the Relations of Phthisis and Cancer."

Tuesday, April 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, April 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, April 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. A Debate will be opened by Mr. Curgenven, "On the Causes of Excessive Infant Mortality."

Friday, April 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, April 20.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.